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ABSTRACT

This document consists of the two issues of the "Alabama Counseling Association Journal" published during 1997. The focus of the journal is on communicating ideas and information that will help counselors to implement the counseling role and develop the profession of counseling. The following articles are contained in issue 1: "Management and Administration of Mental-Health Centers: Options and Opportunities," Valerie Lawrence and Allen Wilcoxon; "Perceptions of Employment Variables and Individuals with Specific Disabilities," Michele Chism and Jamie Satcher; "Counseling Students' Preparation and Experiences in Ethics: A National Survey," Debra C. Cobia and Robert E. Kiedinger; "The Miller Analogies Test and Undergraduate Grade Point Average as Predictors of Success in a Masters Level Counselor Education Program," Ken Norem and Sandy Magnuson; and "Predicting Success of Students Enrolled in Masters Level Counselor Education Programs with a Structured Interview: Preliminary Findings," Ken Norem and Sandy Magnuson. Issue 2 supplies tips for successful submission for publication and offers recommendations from the ALCA. Articles are: "Interpersonal Process Recall and Solution-Focused Process Recall in the Supervision of Counselors," Basilia C. Softas-Nall, Christine A. Brier, and Tracy D. Baldo; "Predictors of Job Satisfaction among Public Rehabilitation Counselors in Alabama," Marcheta McGhee and Jamie S. Satcher; "Mental Health Counseling in Rural Appalachia," Dale V. Wayman; "Homosexuality and Disability: Considerations for Rehabilitation Counselor Pre-service Training," Jamie S. Satcher, Karla Carmichael, and Jeff Todd; "Review of Admission Procedures of Counselor Education Programs," Denny Chi-Sing Li, Richard Canada, and Mee-Gaik Lim; and "The Impact of Developmental Theory on Individual Counseling," Pamela O. Paisley and Glenda T. Hubbard. (MKA)

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The Alabama Counseling Association Journal

An official publication of The Alabama Counseling Association, *The Alabama Counseling Association Journal* is published twice a year. A primary purpose is to communicate ideas and information which can help counselors in a variety of work settings implement their counseling roles and develop the profession of counseling. *The Journal* may include thought provoking articles, theoretical summaries, reports of research, descriptive techniques, summaries of presentations, discussions of professional issues, reader reactions, and reviews of books or media.

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The purposes of the Alabama Counseling Association are to enhance individual development throughout the lifespan and to promote the counseling profession. These intentions are championed by publication of scientific, education, and professional literature . . . .

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Comments from the Co-Editors

We stepped into this new Alabama Counseling Association role with extensive support from previous *ALCA Journal* Editors, actively involved Editorial Board members, and many valued ALCA friends. We have already discovered a greater magnitude of responsibility than we anticipated; at the same time we have found the various tasks required to edit *The Journal* to be challenging and satisfying. We have appreciated the opportunity to review manuscripts and become professionally acquainted with authors. We have also enjoyed a fresh context for networking with colleagues on the Editorial Board and friends who have previously edited *The Journal*.

Undoubtedly like many ALCA members, we had previously given minimal thought to the purpose of *The ALCA Journal*. Two previous editors with whom we have worked closely during the past three months have frequently alluded to *The Journal's* mission. We, of course, have also referred to it several times as we have made editorial decisions. We'd like to amplify on elements of the official statement of purpose.

"The purpose of *The Alabama Counseling Association Journal* is to communicate ideas and information which can help counselors in a variety of work settings implement their counseling role and develop the profession of counseling." Indeed, this calls for selection of manuscripts that address the various settings in which our members contribute counseling services. It also reminds us that *The Journal* is another mechanism to advance the profession of counseling.

"A function of *The Journal* is to strengthen the common bond among counselors and to help maintain a mutual awareness of the roles, the problems, and the progress of the profession at its various levels." Again, ours is a journal that must be relevant to counselors working in a variety of settings; at the same time it provides an opportunity for us to appreciate the similarities and differences of the various roles we fill within the profession of counseling. We are alarmed when counselors in one sector express disinterest in professional knowledge generated in other specialty areas. We challenge readers to consider the possibility of a strengthened bond as they consider relevance of various articles. We also encourage ALCA members in diverse work settings to strengthen individual and collective bonds by collaborating on manuscripts.

"Thought provoking articles, theoretical summaries, reports of research, descriptive techniques, summaries of presentations, discussions of professional issues, reader reactions, and review of books or media are highly regarded." Yes, they are highly regarded!

"Manuscripts that are either theoretical-philosophical or research-oriented should contain discussions of implications and/or practical applications." This is often an area reviewers note as lacking. We encourage authors to address this important mission element when they prepare manuscripts.

"Authors should ground their work with an appropriate review of related literature." Indeed, we have been handed a rich legacy of professional literature from which to draw. Writers may be inspired by the thought that published manuscripts become part of the legacy on which authors of the future will draw! While archival literature is valued, respected and appropriate for certain citations, the review of literature should focus on contemporary books, articles, or papers.

As co-editors we have articulated a personal mission statement. We are committed to encouraging and promoting authors representing a full spectrum of writing experience. To that end, we ask the Editorial Board to provide extensive feedback to authors. Whether or not manuscripts are accepted, we endeavor to offer suggestions that will assist them in strengthening their professional writing skills as well as the present manuscript.

It is with pleasure that we introduce *The ALCA Journal*, Volume 23, Number 1. All articles in this issue were submitted to the previous editor, Joel Farrell, who either initiated or completed the review process. We appreciate Joel's working with ALCA Past President Meg Smith to facilitate a comfortable and expedient editor transition. We also appreciate the authors' patience with the review process compounded by that transition.

Following an overview of organizational theory, leadership, and management, Lawrence and Wilcoxon's lead article examines the considerations administrators make in the administration of mental-health centers. The second article, by Chism and Satcher, describes a research study which assessed human resource management students' perceptions of various types of disabilities and selected employment variables, (e.g., productivity, coworker relations, and need for supervision). A clear implication of the study is that counselors have much work to do to "overcome stereotypical assumptions about persons with specific disabilities."

The final three articles address counselor preparation and supervision. Cobia and Kiedinger report the results of a national survey of counselor education students' preparation and experiences in ethics. In addition to summarizing the value students attached to various types of ethics training, the authors address the students' perceptions of interactions between students and faculty.

The last two articles are research studies assessing the predictive validity of entrance requirements for counselor education programs at a regional university in Alabama. The first study investigated two traditional entrance requirements, undergraduate grade point averages and Miller Analogies Test scores. The final article lends credibility to the use of a structured interview for predicting student's performance in a counseling practicum.

We hope that practitioners and students will find value in these articles, and gain "awareness of the roles, the problems, and the progress of the profession at its various levels." We will endeavor to provide a wider spectrum of topics in future issues.

By the way, have YOU thought about submitting a manuscript? Guidelines for authors are included at the conclusion of this issue.

Ken Norem and Sandy Magnuson

Management and Administration of Mental-Health Centers: Options and Opportunities

VALERIE LAWRENCE AND S. ALLEN WILCOXON

This article offers an examination of fundamental elements of organizational theory, leadership, and management relative to administration of community mental-health agencies. Emphasis is noted for the applicability of these foundational elements of leadership for upper- and mid-level management within a community agency. Specific discussion is also offered regarding unique considerations for administrators in these settings.

When management of mental health centers is discussed among helping professionals, a subsequent debate often follows. Such discussions typically focus upon whether clinicians who are not trained in organizational and management practices should be administrators, or if a professional manager who has limited training in mental health care should be responsible for administrative duties. Ideally, the most beneficial situation would seem to be for administrative leaders to have both backgrounds. Thus, counselors who have an awareness and knowledge of management and organizational practices can offer a nonclinical asset in mental health centers (Neugeboren, 1985).

When mental health organizations offer only outpatient or minimal services, management is relatively uncomplicated. However, with the multitude of services being offered within typical agency settings and with the financial constraints of contemporary times, management is a complex proposition for governmental agencies (Jerrell & Jerrell, 1987). Management of a mental health center needs to be flexible and to fit the environment. The key aspects of mainstream management theories can provide a basis for development of administrative principles applicable in community mental health settings. This article offers an overview of models, structures, and administrative styles that may be considered by clinicians and nonclinicians responsible for such administrative duties. The article is intended to provide an examination of the various considerations both novice and seasoned administrators must face in organizational management of mental-health care in community settings.

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Organizational Functions and Structures

Models of Organizational Functioning

One of the more significant tasks of an organization is to define what is to be done and who is to do it. In this regard, organizations can be oriented toward a variety of models which represent composites of either (a) the Rational Model, (b) the Political Model, or (c) the Standards Model of organizational functioning. When considering how a mental health center should operate, a comprehensive understanding of the various aspects of these models can help administrators to identify and address needs in the areas of staff relations, public relations, and funding (Silverman & Silverman, 1986).Within the Rational Model of organizational functioning, actions are problem-centered and goal-directed. An organization employing this model is driven by careful data collection and analysis before any substantive decision is made relative to programming and evaluation. An attractive element of the Rational Model is its efficiency and fiscal accountability. When employing the Rational Model, all aspects of the organization are managed in terms of cost-effectiveness and prospective gains. An unfortunate artifact of the Rational model of organizational functioning in mental-health care is that patient needs may be considered after cost concerns. Such an approach is often reflected in corporate managed care systems, often reflecting decisions driven by cost analysis rather than care. However, such decisions are often beneficial for sustaining at least minimal care in underserved settings rather than total loss of care due to cost-overruns.

A system implementing the Political Model of organizational functioning typically reflects actions based upon negotiations instead of established goals and objectives. This model often leads to power struggles and competition within the system. The Political Model does not frame conflict as a negative activity but, rather, as a source of motivation for interested parties. Bargaining and opportunity-based decisions are key characteristics in the Political Model. Therefore, implementation of services is generally based upon permission being granted instead of needs being met (Silverman & Silverman, 1986). One of the Political Model's indisputable strengths is its responsiveness to public demands and local needs. Personnel in this type of organization often work closely with public representatives, resulting in substantial influence being exerted by external forces. Such circumstances can affect both positive and negative perceptions among community leaders, consequently affecting the "political" viability of the organization.

The Standards Model of organizational functioning reflects an assumption that one way of operating the system can be determined and should be implemented by its leadership. Thus, conformity among personnel and associates is one of the major goals of the Standards model. Organizations functioning under the Standards Model strive to offer the highest quality services within a predictable, regimented format (Silverman & Silverman, 1986). Such organizations usually develop professionally-approved guidelines for practices which are then implemented on a wholesale basis by organizational staff. A liability of this Model is that conflicts between professionals often stem from disagreements about interpretating the intented impact of standards (Silverman & Silverman, 1986). By contrast, many professions have established, national accreditation standards and expect all associated agencies/employees to adhere to these uniform guidelines. Therefore, this model derives its principal benefit from deferring to professional standards as the basis for decisions and as the driving force for programming in an organization.

Decisions related to adopting a model of organizational functioning are typically made at a high layer of administrative/managerial operations. Such decisions are often the result of task forces at federal/state levels identifying a particular need or federal/state legislation mandating special services. Thus, when an organizational function is identified, such decisions typically serve as the basis for driving all subsequent decisions relative to structure, employees, and outcomes. In this regard, adopting an organizational function is clearly an upper-management activity within a community mental health center, usually based on the directives of a state/federal agency to establish a new organization or the board of directors of an existing agency to expand/alter current organizational functions. Such decisions typically preceed decisions related to organizational structure.

Organizational Structure

After the upper management of a community mental-health center agrees on how an agency will function, its next task is to define the structure for the organization to employ in order to accomplish its organizational function. "Organizational structure" refers to the activity patterns of staff members in their performance of roles and tasks within the system (Neugeboren, 1985). Organizational structure defines heirarchical power, agency accountability, and evaluation methods for agency employees. Organizational structure influences administration because it drives the rules and procedures for organizational behavior as well as definitions for assignment and performance evaluation for middle management and other staff. Organizational structure also tends to ensure unity within the system and conformity among staff. Organizational structure may be categorized as either Bureaucratic or Centralized/Decentralized (Neugeboren, 1985).

In the early 1900s, Max Weber first described an organizational structure which continues to be emulated by many administrators (Abels & Murphy, 1981). The Bureaucratic structure reflects the belief that individuals should be appointed to positions based on their abilities and expertise. This hierarchical concept assumes that all managers have superior authority and abilities that will allow them to insure compliance of the staff through their hierarchical control structure (Neugeboren, 1985). In mental health centers, it is beneficial for professional clinical employees to be involved in many aspects of decision-making. Policy and agency rules may be decided by the upper management, while their implementation is affected by other employees. Unlike many profit-based businesses with corporate ownership, mental-health centers feature substantive clinical issues that are most often, and most logically, resolved by those in closest proximity to the actual client concerns. Therefore, mental-health centers typically feature only a minimum of bureaucratic structure, although bureaucratic policies from governmental (e.g., Medicare/Medicaid) or corporate agencies (e.g., insurance companies) often dictate compliance decisions relative to case management. Clinical case staffing of clients is another area in which clinical professionals must be at the forefront of decision-making processes rather than upper-level, uninvolved administrators attempting to impose an unworkable bureaucratic structure.

Centralized and Decentralized organizational structure refers to the focus of authority for decision-making in an organization. A Centralized structure places all control at the top levels in the system while a decentralized structure delegates decision-making to lower-level personnel (Simon, 1989). Typically, de-centralization connotes upper- and mid-level managerial expertise in evaluating and implementing programs. In circumstances where managers are expected to function as professional experts to evaluate program decisions, a centralized structure typically prevails. By contrast, circumstances in which managers do not have the professional expertise to evaluate all options within a program, decentralization is necessary in organizational structure. Decentralization often predominates in organizations with multiple offices/satellites/branches stemming from a central office. In this regard, the decentralized structure is almost essential for a a mental-health center with more than one central office and multiple branches/satellites.

Mid-Level Management

Mid-level managers are responsible for coordinating and integrating goals set by upper-level managers *as well as* serving as a conduit from staff/personnel to policy makers regarding needed adjustments. These employees typically have the authority to make some decisions concerning program budget, planning, and personnel, often being expected to implement long-range goals via objective and manageable plans (Hodgetts & Cascio, 1983). Mid-level managers spend a great deal of their time supervising unit activities and, therefore, must be good leaders. In mental-health centers, mid-level managers are often Unit Coordinators or Program Directors for specific aspects of service (e.g., outpatient services, day treatment, etc.). In this capacity, mid-level managers in mental health centers are often called upon to be leaders, supervisors, and exemplary practitioners.

The style of leadership mid-level managers adopt may affect the entire system of services within an organization. McGregor (1960) identified two distinct styles for leadership, these being the Theory X and Theory Y styles of leadership. The Theory X leader believes that people lack interest in work, have no motivation, and resist responsibilities. This type of leader is controlling and uses rewards and punishments as supervision tools. The leader in Theory X is authoritarian and hierarchal, often demanding an organizational network with the leader clearly separated from managed employees (Abels & Murphy, 1981). By contrast, Theory Y managers assume individuals desire responsibilities, enjoy their work, and will assist in organizational goals and objectives (Lewis & Lewis, 1983). This type of leader will often delegate responsibility and ask all to participate in decision-making. They encourage and promote creativity and communication among and with subordinates, often reflecting more concern for employees than production within the system.

In mental health, power is often construed as negative. Power and its distribution often lead to many conflicts within systems (Slavin, 1985). In a mental health setting, the mid-level administrators attempting to employ powerful dictates may try to influence all aspects of agency/staff activity, including the method by which one counsels. It is impossible for an administrator not to have authority over others. However, one must be careful not to confuse power and authority. Authority is described as a result of one's position within the organization, whereas power reflects a means of actually influencing ones behavior (Middleman & Rhodes, 1985). Administrators do not have power over other individuals unless it is first given to them by their subordinates. In many instances, upper- and mid-level managers are unaware of their attempts to influence on the basis of authority when the are essentially "powerless" to impact others. When leaders are appropriate role models, power to influence the beliefs of others can be a strength that far exceeds authority (Schwartz, 1989). This dictum is particularly notable for mid-level management in that their downward attempts at authority/power toward subordinates may be offset by their upward loss of power/authority in relationships with upper-level management. An imbalance in these aspects of mid-level management can profoundly impact the services and programming in mental-health centers.

Special Management Concerns in Community Mental Health

When organizing and managing a community mental health center, several unique concerns that must be considered. While serving in an administrative position, one is often accountable to the interests of several different communities (Elpers & Abbott, 1992). Conflicts may occur when the perceived needs of management, staff, clients, and these communities appear to be at odds. Therefore, for any mental-health organization to be managed so that client and community needs are met, administrators must be able to identify and arbitrate conflictive elements affecting the system. In this regard, a variety of special concerns emerge for administrative consideration.

Advisory Boards

The ultimate local governing body of many mental health agencies is the board of directors. For an agency to be successful, there must be a balance of effort and influence coming from staff, administration, and the advisory board (Slavin, 1985). Board members are usually appointed for their expertise or because of their visibility as a public figure. Most mental health agency boards include individuals with specializations in law, public relations, finance/budget-ing, or administration. Such compositions usually provide readily available assistance when concerns specific to these fields arise within the agency. A well-organized and utilized board can be a valuable asset, especially for programs with limited resources.

Staffing Community Mental Health Centers

One of the most important aspects in agency administration is assembling a staff of professionals who are both capable and motivated in working toward agency goals and objectives. The first step in agency staffing is to identify the programs and program elements needed to implement and achieve the identified agency goals and objectives. Collaboration of administrators, program supervisors, staff, and board members, in addition to consultation from others who have special expertise in the area, is often required in any stage of program development. Throughout this process, work-related program elements can be organized and categorized in terms of position descriptions or duties. After a job description is established, the agency can determine the required staff credentials for the position. These credentials will be essential elements for screening and assessing potential candidates for employment (Simon, 1989).

Training and experience should be carefully examined during staff selection. Once qualified candidates have been identified, the agency must carefully follow legal requirements and guidelines. The Civil Rights Act of 1964, the Equal Opportunity Act of 1972, the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1992 all require that staff selection be a nondiscriminatory process. If the agency does not follow these laws, legal actions by job applicants may result. When discrimination complaints occur, the burden of proof lies with the employer. Therefore, administrative energies devoted to clear and discernable staff duties, along with specific guidelines for employment, retention, suspension, and dismissal are "musts" in effective management for mental-health agencies.

Paraprofessionals

There has always been controversy within the mental health field concerning professional training. Debates abound concerning administrative and staff credentials. Conservative opinions often hold that only persons with a business degree should administrate and that individuals with professional counseling degrees and licensures should provide counseling services. However, established traditions and state agency regulations permit paraprofessionals to provide a variety of services (Lewis & Lewis, 1983). Supporters of this trend feel that individuals who have experienced specific problems can help those with similar concerns (Silverman, 1982). It also may be economically prudent to employ paraprofessionals in times of financial cutbacks.

If a mental-health center uses paraprofessionals, such persons should have job descriptions which specifically define duties and limitations which are consistent with their training and experience. When paraprofessionals are not qualified for the position they hold, the agency will be particularly liable for services provided by these individuals. The best recommendation is that whenever paraprofessionals are employed, they should be closely supervised by a professional experienced in the area. However, one should note that prospective "losses" in using paraprofessionals (e.g., time in supervision and training, lack of agency linkage, etc.) may often be offset by the "gains" in expanded services, enhanced public relations, and even preventive efforts.

Volunteers

Mental-health agencies often use the services of volunteers. A volunteer is an *unpaid helper in the organization and the agency is the recipient of their services* (Lewis & Lewis, 1983). Like the paraprofessional, volunteers often have minimal training in mental health services. However, paraprofessionals are often employed as workers in day treatment, residential and in-patient programs, while volunteers might provide nonprofessional services (e.g., bring clothes to a needy client, serve as a mentor to service recipients, etc.). Because there are no monetary incentives, volunteers are usually motivated by their altruistic values and beliefs.

Volunteers should be provided with all staff policies and guidelines which pertain to their duties and be clear on their accountability. Agencies should provide a supervisor who will select, train, and monitor all volunteers. Occassionally, volunteers will be involved in actually providing services to clients. When volunteers provide services, managers should be aware of some specific concerns. Specifically, managing volunteer activities reflects less control over behavior than with paid employees. Administrators are often grateful for the volunteer's participation but are reluctant to assert too much control and managerial intrusion for fear of potential repercussions. When there is a great need for volunteers, it is often easier to overlook nonprofessionalism than to closely manage a volunteer's style and actions (Allen, 1987).

Final Thoughts

The field of community mental health counseling is continually changing and growing. For a mental health center to be effective, administrators at every level of management need a sound understanding of basic management theories and skills. The development and continuous improvement of community mental health centers also depends on professional leadership, successful staffing, program evaluation, and ethical awareness. For a community mental health administrator to be most effective, a background in both management and counseling would be beneficial. The ability to ascertain ways to accomplish established organizational functioning within a management structure demands keen observation, considered opinion, and commitment to long-range organizational visions. In this regard, the managerial and administrative skills of agency leaders would seem to be most meaningful when they are grounded in an understanding the fundamental options for leadership and organizational theory. Toward this end, this article has been fashioned to promote inquiry and sensitivity by both novice and seasoned administrators in mental-health agencies.

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Perceptions of Employment Variables and Individuals with Specific Disabilities

MICHELE CHISM AND JAMIE SATCHER

This study examined the perceptions of human resource management students regarding employment variables and six disability types: (a) blindness, (b) epilepsy, (c) mental retardation, (d) mental illness, (e) spinal cord injury, and (f) cardiovascular disease. Multivariate analysis of variance followed by post hoc testing (Scheffé) indicated that persons with mental retardation and mental illness were viewed less favorably on almost all aspects of employment studied including productivity, communication, need for supervision, and adaptability. Individuals with blindness and spinal cord injury were viewed as needing higher levels of job and worksite modifications than the other disability types. Implications of these findings are discussed and recommendations for future research are provided.

Persons with disabilities have historically faced discrimination in all aspects of their lives. Pervasive social and cultural norms, standards, and expectations have led to negative attitudes towards individuals with disabilities. These negative attitudes have created substantial barriers to individuals with disabilities as they seek full participation in the mainstream of American society (Bowman, 1987; Livneh, 1982).

Negative attitudes toward persons with disabilities have been particularly reflected in the hiring and retention practices of employers and have contributed to the fact that only one-third of the 35 million Americans with disabilities are working (Bureau of the Census, 1991). Examples of stereotypical thinking and myth acceptance have been described in the literature addressing employers' perceptions of individuals with disabilities. Employers have viewed persons with disabilities as having potential limitations in attendance, coworker relations, safety, communication, need for supervision, and need for work accommodation when compared with nondisabled workers (Greenwood & Johnson, 1987; Mithaug, 1979; Stone & Sawatzki, 1980). Such perceptions have led to the conclusion that any adverse physical condition may negatively influence the chances

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that a person with a disability will be hired for some positions (Wages, Manson, & Jordan, 1990).

Sweeping protection from employment discrimination has only recently been afforded individuals with disabilities. While the Rehabilitation Act of 1973 prohibited employment discrimination against persons with disabilities by agencies and institutions with federal grants or contracts, this legislation did not affect the employment practices of the majority of employers in the private sector (Perlman & Kirk, 1991). This changed, however, in 1990 with the passage of the Americans with Disabilities Act of 1990 (ADA). The ADA prohibits private-sector employers from discriminating against qualified individuals with disabilities at all levels of employment, from recruitment through retention (Adams, 1991).

Legislating nondiscrimination in employment, however, may not in and of itself enhance opportunities for persons with disabilities without substantial attitudinal change. As Yuker and Block (1986) explained, prejudice against persons with disabilities is usually hidden. Outwardly stated support of employment for persons with disabilities may not be reflected in positive action. Although employers often state a willingness to hire workers with disabilities, the prevailing opinion is that employer attitudes continue to be a major barrier to the employment of such persons (Weisenstein & Koshman, 1991).

Research conducted prior to the passage of the ADA indicated that employer perceptions differ depending on type of disability. For example, Johnson, Greenwood, and Schriner (1988) asked employers to compare workers with various types of disabilities with nondisabled workers. They found that persons with serious emotional disorders, blindness, mental retardation, back ailments, epilepsy, and mild mental disorders were seen less favorably than persons with diabetes or unilateral amputations. It has also been reported that individuals with obvious physical impairments are viewed more favorably than those with mental, emotional, or communication disorders on almost every aspect of recruitment, selection, acceptance and performance expectation (Bolton & Roessler, 1985; Bowman, 1987; Combs & Omvig, 1986; Greenwood & Johnson, 1987, Minskoff, Sautter, Hoffman, & Hawks, 1987; Schriner, Greenwood, & Johnson, 1989).

The purpose of the current study was to investigate perceptions of employment variables and individuals with disabilities seven years after the ADA was passed. Because no current research is available which would allow predicting the direction of responses, the following null hypothesis was tested: There will be no significant differences among human resource management students' perceptions of employment variables and individuals with disabilities when compared by the following disabling conditions: (a) blindness, (b) mental retardation, (c) epilepsy, (d) spinal cord injury, (e) mental illness, and (f) cardiovascular disease. The employment variables studied were productivity, interpersonal communication skills, coworker relations, need for worksite accommodation, need for job accommodation, level of required supervision, attendance, safety, and adaptability.

Methodology

Participants

The participants in this study were 147 students taking human resource management classes at the five universities in Alabama which offer degrees in this specialty area. Human resource management students were selected because, upon graduation, they will likely be in positions in which they will recruit and hire workers, including those with disabilities. Five responses were not used because of incomplete responses, resulting in a final sample size of 140. The students were either juniors (28%), seniors (58%), or graduate students (11%). Racial groups represented were as follows: White (65%), African American (34%), and Other (1%). Five students reported having a disability.

Instrumentation

The instrument used in this study, the *Disability Perceptions Survey,* was adapted with permission from *The Inventory of Hiring Practices Related to Persons with Disabilities* (McGowan & Gurley, 1994). McGowan and Gurley's instrument was developed through a comprehensive renew of the literature describing employer concerns when hiring and managing workers with disabilities. Face and content validity were determined through review of the instrument by experts in rehabilitation counseling. Using Cronbach's Alpha, the reliability of the original instrument was determined to be .93.

Word Table 1.
Statements: Disability Perceptions Survey

When compared to nondisabled individuals, I feel that persons with (disability type) will:

1. make productive employees
2. be capable of communicating well with others in the workplace
3. get along well with coworkers
4. require that no modifications be made in the worksite
5. require that no modifications be made in the job itself
6. require only that supervision which is appropriate to the task
7. maintain a satisfactory attendance record
8. maintain a satisfactory safety record
9. adapt successfully to changes in the workplace

For this study, the original instrument was adapted to reflect terminology which would be more specific. For example, the statement "visual impairments including blindness" was changed to "blindness." The adapted instrument, which can be found in World Table 1, asks participants to respond to nine statements about employment variables and individuals with six types of disabilities: Blindness, epilepsy, spinal cord injury, cardiovascular disease, mental illness, mental retardation. The statements are rated using a 5 point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). Content validity of the revised instrument was tested using item to total correlations. All correlations were significant at $p < .05$ and ranged from .52 - .79. Using Cronbach's Alpha, the adapted instrument yielded a reliability coefficient of .87.

Data Collection

The data were collected during regular class meetings. One instructor from each university was solicited to take part in the study and was provided a packet containing demographic questionnaires, the *Disability Perceptions Survey*, and instructions for how to request student participation. Students were provided a brief explanation of how to complete the instrument and were read a statement addressing informed consent. The students were volunteers and were offered no incentives for their participation. All students in each of the classes elected to participate in the study. Upon completion, instruments were gathered by the course instructors and returned to the primary investigator.

Data Analysis

The hypothesis was tested using a Multivariate Analysis of Variance (MANOVA). This statistical approach is used when comparing one or more independent variables across a number of dependent variables. It is used as a means of controlling for the familywise error rate, or inflated chance of Type I error, which may occur when a series of univariate tests are conducted on a single set of data (Hair, Anderson, & Tatham, 1987). In this study the independent variable was disability type and the dependent variables were the nine statements of the instrument. Each student responded to each statement for each of the six disability types.

The results of MANOVA indicated that there were significant differences in how the students viewed employment variables by disability type, $F(5,819) = 9.01, p < .01$. The results of follow-up univariate F tests can be found in Table 1. All were significant, indicating that differences existed in how the six types of disabilities were viewed for each statement.

Table 1.
Univariate F Tests: Disability Type by Employment Variables

Variable	*F*
Productivity	8.37*
Communication	17.04*
Coworker Relations	12.77*
No Worksite Modifications	11.10*
No Job Modifications	10.97*
Need for Supervision	9.46*
Satisfactory Attendance	8.05*
Satisfactory Safety	3.86*
Adaptability	12.13*

$^*p < .01$

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Post hoc Scheffé tests were used to identify specific areas of mean differences. Mean scores for each disability type of each statement can be found in Table 2. Individuals with mental illness and mental retardation were seen as less productive than those with blindness, epilepsy, or cardiovascular disease. They were also seen as less able to communicate effectively in the workplace, less adaptable, and in need of higher levels of supervision than persons with blindness, epilepsy, spinal cord injuries, or cardiovascular disease. Persons with mental illness were the least favorably perceived group in terms of ability to get along well with coworkers.

Table 2.
Mean Results: Disability Type by Employment Variable

Variable	Blindness	Epilepsy	Mental Retardation	Mental Illness	Spinal Cord Injury	Cardiovascular Disease
Productivity	2.58	2.26a	2.87b	2.81b	2.58	2.32a
Communication	2.22a	2.26a	2.99b	2.79b	2.22a	2.21a
Coworker Relations	1.95a	2.23a	2.40a	2.89b	2.23a	2.16a
Worksite Mod.	3.78b	2.68a	3.17	2.83a	3.43b	2.75a
Job Modification	3.59b	2.71a	3.36b	2.94	3.35b	2.85
Supervision	2.65b	2.51b	3.09a	3.00a	2.59b	2.46b
Attendance	1.99a	2.46b	2.41	2.87b	2.59b	2.87b
Safety	2.44a	2.54	2.79	2.85b	2.52	2.48
Adaptability	2.45a	2.39a	3.03b	2.97b	2.51a	2.43a

Note: Means with differing subscripts differ from each other at $p < .05$

Individuals with blindness and spinal cord injuries were seen as more likely to need worksite modifications than those with the other types of disabilities. Those with blindness, mental retardation, and spinal cord injury were viewed as more likely to need job accommodations than those with epilepsy, mental illness, or cardiovascular disease. Persons with blindness were perceived as having more satisfactory attendance records than any of the other disability types. Only one significant difference was found for safety: Individuals with blindness were perceived as having more satisfactory safety records than those with mental illness.

Discussion

The purpose of this study was to investigate human resource management students' perceptions of employment variables and individuals with specific disabilities. The finding raise concerns that stereotypical attitudes toward individuals with certain types of disabilities may limit the consideration that these students will give to such persons when they are in positions to recruit and hire employees. Individuals with mental illness and mental retardation appeared to be perceived less favorably than the other disability types studied. This finding supports previous research in mental retardation in which employers viewed persons with mental retardation as needing extra supervision, not adaptable, slow to perform, and undependable (Hartlage & Roland, 1971; Hill & Wehman, 1979; Shafer, Hill, Wehman, & Seyfarth, 1987). In effect, perceptions of persons with mental retardation appear to have changed little in the past 25 years. The finding that persons with mental retardation were not viewed differently from most of the other disability types regarding attendance also supports previous research. Shafer et al. (1987) reported that employers are often willing to overlook the limitations associated with mental retardation in exchange for reliable attendance.

Persons with mental illness have historically been subjected to prejudice and discrimination. Nagi, McBroom, and Colletts (1972) reported that employers are more hesitant to hire former mental patients than persons with other disabilities because mental illness is perceived as uncontrollable. More recent, but still dated research (Farina, Murray, & Groh, 1978; Florian, 1978), indicated that it is feared that employees with mental illness will have greater difficulty gaining acceptance by their coworkers than other disability groups due to lack of understanding of mental illness. This study indicates that little has changed regarding perceptions of mental illness. Mental illness was the only disability type for which the students perceived coworker relations significantly less favorably than the other disability types. Persons with mental illness were also viewed more negatively than most of the other disability types in regard to productivity, communication, need for supervision, and adaptability.

Persons with spinal cord injuries and blindness were seen as needing greater levels of worksite and job modification than the other disability types. This finding supports the view of Combs & Omvig (1986) that individuals with blindness are one of the hardest groups to accommodate in the workplace. It also supports a stereotypical assumption that individuals with severe physical impairments may need more accommodation than those with hidden or less severe physical impairments.

Conclusions

The findings of this study suggest that negative perceptions of employment variables and individuals with disabilities continue to exist, seven years after the passage of the ADA. These findings have one clear implication for rehabilitation counselors and other counselors working with individuals with disabilities: Much work still needs to be done to overcome stereotypical assumptions about persons with specific disabilities. This is particularly true for individuals with mental retardation and mental illness. As part of the counseling process, special consideration may need to be given to the employment concerns of individuals with disabilities as they seek community integration. Counselors should be prepared to help individuals with disabilities cope with the rejection which may result from stereotypical attitudes toward them. They should also be prepared to act as advocates on the behalf of individuals with disabilities by promoting positive perceptions of the work capabilities of persons with disabilities.

This study was limited in several ways so specific recommendations for counselor practice would be inappropriate. The first limitation was that human resource management students, rather than employers, were studied. Therefore, the results may not reflect current employer perceptions. It is recommended that researchers conduct similar studies using employers or human resource managers as subjects. Such studies would allow comparisons to be made between those who are directly involved in hiring decisions and those who are in training to be making these decisions. Also, the study was conducted in one geographic area. Therefore, the results cannot be generalized to populations in other areas. Finally, this study did not address the possible effects of interventions on the students' perceptions. Future research using control group designs would be helpful in determining if specific interventions (e.g., case studies, awareness training, etc) can alter negative perceptions of individuals with disabilities.

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Counseling Students' Preparation and Experiences in Ethics: A National Survey

DEBRA C. COBIA AND ROBERT E. KIEDINGER

Results of a national survey of counselor education students' preparation and experiences in counseling ethics are presented. Students' observations of faculties and their interactions with students are emphasized.

At a recent meeting of the Alabama Association for Counselor Education and Supervision (AlACES), the executive director of the Alabama Board of Examiners in Counseling (ABEC) implored members to emphasize ethics education in counselor preparation programs (Cox, 1995). In 1987, a similar call was made nationally for collaboration between counselor educators and state licensing boards to prepare counselors to practice ethically (Herlihy, Healy, Cook, & Hudson). In the intervening years, reports of unethical behavior among counselors have increased (ACA Ethics Committee, 1992), and recommendations by researchers examining both ethics knowledge and ethical behavior have included suggestions for including training in counseling ethics in counselor preparation (Baldick, 1980; Robinson & Gross, 1989). Preparation in counseling ethics is included in the curricular requirements for accreditation by the Council for Accreditation and Related Educational Programs (CACREP) (1994), further evidence of the widely recognized need for such training.

As more attention has been focused on ethics education, descriptions have appeared in the professional literature of formal courses in counseling ethics for both graduate and undergraduate students (Eberlein, 1987; Haemerlie & Matthews, 1980; Lamb, 1991; McGovern, 1988). Such courses typically include didactic instruction combined with ethical decision making and problem solving based on case examples and legal and ethical dilemmas. One such study indicates that mental health counselors who participate in an ethics course are better able to recognize when an ethical standard is violated than those who have no course (Robinson & Gross, 1989). Other curricular experiences include the infusion of counseling ethics into courses which do not have ethics as their primary focus, but where ethical issues figure prominently into the course content (e.g.

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practicum, assessment, social and cultural foundations). Additionally, counselors may enhance their knowledge of counseling ethics through participation in conference programs, continuing education workshops, teleconferences, etc.

While in training, graduate students also learn about ethical behavior by observation of the behaviors of their professors and through participation in an ethically congruent learning environment (Brown & Krager, 1985). In a recent article, Hazler & Carney (1993) emphasized the importance of informal contacts between faculty and students in counselor education. They cited several studies in related disciplines in which informal contacts between faculty and students influenced educational outcomes (c.f. Endo & Harpel, 1982; Pascarella, 1980; Wilson, Gaff, Dienst, Wood, & Bavry, 1975). Extending this notion specifically to ethics education, Kitchner (1986) noted that "By modeling, through discussions, and valuing ethical behaviors, counselor educators can encourage young professionals to develop a sense of responsibility to act in an ethically responsible manner" (p.310). She further stated that strategies designed to meet the goals of ethics education will not be effective in an atmosphere that neither respects nor values being ethical. Consistent with this point of view, Brown and Krager (1985) stated that "Graduate and professional school students cannot become ethical and moral practitioners unless they are confronted with their ethical responsibilities as students and work with advisors and professors who exhibit ethical behavior" (p. 417). The present study, exploratory in nature, was designed to describe the current status of preparation of counselors-in-training in ethics including the types of learning modalities used and the perceived value of various modalities, including observation of professors' ethical behavior.

Method

Subjects

The sample for this study consisted of 215 students enrolled in counselor education programs accredited by CACREP (master's = 93; doctoral = 119; other = 3). Of these, 68.5% were female (*n* = 148) and 30.6% male (*n* = 66). This ratio of approximately two females to each male student is consistent with national trends (Hollis & Wantz, 1994). In reference to diversity, 85.6% of the participants were Caucasian (*n* = 185), 6.9% were African American (*n* = 15), 2.3% were Asian American (*n* = 5), .9% were Native American (*n* = 2), .5% were Hispanic (*n* = 1), and 3.2% identified themselves as other (*n* = 7). Participants ages were between 20 and 29 years (*n* = 78), 30 and 39 years (*n* = 68), 40 and 49 years (*n* = 59) and 50 and 59 years (*n* = 10).

Materials

The Survey of Students' Training and Experience in Counseling Ethics was developed by the authors to solicit information in three areas: (a) basic demographic information; (b) the contributions of nine learning modalities to participants' understanding of counseling ethics; and (c) faculty and student interactions participants had either observed or experienced which they believe to be unethical. Content of the survey instrument was based on a review of the literature in the areas of ethics education, ethical practices of counselors and faculty student interactions. Seven doctoral students in counselor education and supervision who had completed a required course in counseling ethics at a CACREP accredited institution reviewed the questionnaire and provided feedback to the authors. Their feedback led to revisions in format and wording of the instrument prior to *implementation of the study.*

Data Collection

Participation was solicited through the department chairs at 28 institutions which had CACREP accreditation at both the master's and doctoral levels at the time of data collection. Department chairs at the identified programs were mailed a package containing the following: a letter describing the project, 30 copies of the instrument, 30 copies of the information and consent letter, and 30 stamped envelopes addressed to the researchers. To protect participant confidentiality, the department chairs were asked to distribute the instruments to subjects who would then complete and return them directly to the researchers. The respondents were instructed not to identify themselves on either the instrument or return envelope. Respondents were anonymous to the researchers, and department chairs were not to see the data provided by individual participants.

Reminder notices with response post cards were mailed to department chairs approximately 30 days after the initial mailing asking whether they had participated and, if so, how many surveys they had distributed. Post cards were returned from 12 institutions indicating that a total of 255 surveys had been disseminated to students, with two institutions declining to participate. Geographic representation from respondent institutions included the Southern (60%), Western (10%), Midwest (30%), and North Atlantic (0). Of the institutions from which participation was solicited, regional representation included Southern (50%), Western (14%), Midwest (32%), and North Atlantic (0). The percentage of respondents across regions was highly similar to the total pool of institutions from which participation was requested.

Data Analysis

Demographic data as well as identification of learning modalities and their relative importance to the participants' understanding of counseling ethics were summarized using descriptive statistics. Responses to the open ended questions were reviewed and like responses were coded and categorized, leading to the identification of dominant themes.

Results

Participants first identified through which of the nine learning modalities they had acquired knowledge about counseling ethics. They then indicated on a 5-point Likert scale the degree to which each learning experience had contributed to their understanding of counseling ethics. The modalities and numbers of participants who had been exposed to each appear in table one.

TABLE 1.
Persons Exposed to Each Learning Modality

Modality	*n*	%
Ethics course (master's)	136	63.0
Ethics course (doctoral)	60	27.8
Infused across curriculum	176	81.5
Continuing education	63	29.2
Conferences	68	31.5
Observation of professors	158	73.1
Observation of colleagues	144	66.7
Formal consultation	99	45.8
Informal consultation	153	70.8

*Subjects were asked to check all that applied

Participants had been exposed to multiple learning modalities with most of the sample indicating that counseling ethics had been infused across courses in the curriculum (n = 176). Formal course work at the master's level was widespread (n = 136) with relatively fewer courses taken at the doctoral level (n = 60). While some indicated that they had participated in professional development opportunities such as conference programs and continuing education workshops, these were not common. Almost three-fourths (73.1%) of the sample indicated that they had learned about ethics in counseling by observing their professors, and two-thirds (66.7%) learned by observing other professional colleagues. Informal consultation was mentioned by more students than formal consultation as a learning modality.

The relative importance assigned to each learning modality identified by participants is reported in table two.

The percentages reported refer to the total number of participants who identified the modality in question as one to which they had both been exposed and rated as having contributed greatly to their understanding of counseling ethics.

TABLE 2.
Persons Rating Modality as Greatly Influential To Achieving Understanding of Counseling Ethics

Modality	*n*	Valid %
Ethics course (master's)	113	74.3
Ethics course (doctoral)	51	64.5
Infused across curriculum	124	67.4
Continuing education	33	36.7
Conferences	33	35.5
Observation of professors	120	70.2
Observation of colleagues	112	73.4
Formal consultation	84	72.8
Informal consultation	129	59.7

Of the 216 participants, 168 (77.8%) reported never having experienced an interaction with faculty which they believed to be unethical. When asked about their observations of others who had experienced interactions which they believed to be unethical, 150 (69.4%) reported no such observations. Those who had experienced or observed interactions they believed to be unethical identified six types of violations. Based on participant descriptions, these were labeled dual relationships, research conflicts, sexual harassment, breaches of confidentiality, boundary violations, and lack of professional responsibility. The frequency with which each type of interaction was identified is reported in table 3.

TABLE 3.
Observed and Experienced Interactions Believed to be Unethical

Type	*n* (valid %) Observed	*n* (valid %) Experienced
Dual relationships	33 (15.3%)	14 (6.5%)
Research conflicts	7 (3.2%)	3 (1.4%)
Sexual harassment	8 (3.7%)	5 (2.3%)
Confidentiality	6 (2.8%)	13 (6.0%)
Boundaries	7 (3.3%)	3 (1.4%)
Professionalism	4 (1.9%)	9 (4.2%)
Total	65 (30.2%)	47 (21.8%)

The first, dual relationships, included descriptions of faculty who held evaluative roles and were involved in amorous (mutually desired) or non-amorous social relationships, or therapeutic relationships with students. Research conflicts described most often were disputes over levels of contribution reflected in order of, or inclusion in, authorship for work submitted by faculty for publication. Sexual harassment included inappropriate sexual innuendo, pressure to engage in sex in exchange for favorable grades, and verbal come ons to students by faculty. Breaches of confidentiality were most often described in terms of faculty revealing client or student information inappropriately. Boundary violations included course requirements of personal disclosure in order to be successful, soliciting clients for private practice, proselytizing, and demonstrations of favoritism. Examples of lack of professional responsibility included faculty who failed to assess or screen students for suitability for the profession. Allowing doctoral students to provide supervision without adequate preparation was also cited by several participants. A surprising finding regarding these interactions was that as supervisors, evaluators, and professional role models, doctoral students were included in responses to the open ended questions which specifically requested information about faculty.

In summary, the formal mechanisms through which the majority of respondents reported learning about counseling ethics were coursework and infusion across the curriculum. Informally, they reported observing the behavior of faculty and seeking consultation. Less frequently, they reported participation in professional development activities such as conferences and seminars. Respondents indicated that a formal course at the master's level, formal consultation activities, and observation of colleagues and professors were the most influential means for achieving an understanding of ethics. Most frequently reported observations of, or experiences with, colleagues and professors which respondents believed to be unethical included dual relationships, breaches of confidentiality, sexual harassment, and lack of professionalism.

Discussion and Implications

In 1983, Paul and Stadler indicated that 46.6% of the participants in their study of counselors and psychologists had participated in masters' level courses in counseling ethics (cited in Stadler & Paul, 1986). In the current study, 63% of the sample had participated in such a course and viewed their participation as contributing greatly to their understanding of counseling ethics. It seems important to continue to offer such courses and to examine their outcomes. Thus far in the literature, support for such courses resides in the fact that counselors who have participated are more readily able to recognize that an ethical standard has been violated than those who have not participated (Robinson & Gross, 1986). One criticism of such courses is the focus on the codes of various professional organizations rather than on ethical decision making (Kitchner, 1986). Kitchner explicated a framework for teaching ethics which integrated psychological processes and philosophical analysis. Such an approach purportedly takes students beyond identifying code violations, placing more emphasis on decision making and behavior. Now that many programs have begun to incorporate courses in ethics, perhaps counselor educators should examine the content and instructional strategies most widely used and determine their effectiveness in preparing future counselors to meet their ethical responsibilities.

Paralleling the increased offerings of formal course work has been the increased opportunity for participation in ethics focused professional development workshops. Although the need for such opportunities was identified by Robinson and Gross (1989), participants in this study did not identify those learning experiences as having been particularly valuable. Prior to recommending such learning experiences to students, counselor educators need to evaluate the objectives of the training and to determine whether the experiences planned are appropriate to the students levels of development, as well as whether the content and experiences may be redundant.

As calls for self-scrutiny have increased in both counselor education (Hazler & Carney, 1993) and academia in general (Tabachnik, Keith-Spiegel, & Pope, 1991), the need to address and evaluate the impact of faculty and student interactions on student, and future practitioner, behavior is obvious. Consistent with the findings of others who have identified the context in which learning occurs as important (Brown & Krager, 1985; Kitchner, 1986) participants in this study considered learning through observations of faculty and other professional colleagues as a highly influential aspect of their ethics education. Finding that 30% of the respondents had observed, and one-fifth experienced, faculty interactions with students that they believed might be unethical seems relevant, even alarming. As the profession observes increased reports of inappropriate dual relationships, particularly those of an amorous nature, between counselors and clients, the concept of faculty members modeling appropriate professional behaviors for students becomes increasingly more important. In fact, Brown and Krager (1985) suggested that in order to meet ethical obligations to society, attention should first be focused on the day to day interaction between faculty and students. They further suggested a framework for these interactions based on the ethical principles of autonomy, nonmaleficence, beneficence, justice and fidelity. If implemented, such a framework would encourage both faculty and students to examine their ethical responsibilities in the context of the various roles they occupy during graduate training. It seems prudent to move beyond teaching the codes, and even the principles which underlie them, to providing counseling students with a relevant context for experiencing and resolving dilemmas when ethical principles conflict. Otherwise, the unethical behavior observed by students may well become the unethical behavior practiced by them as counselors.

Based on the descriptions provided by participants in this study, several implications for future research in the area of ethics education emerge. As has already been stated, the climate in which students experience ethics education seems an important focus for program evaluation efforts. Achieving a clearer understanding of the outcomes of interactions between students and faculty members, as well as those between doctoral students and master's students, may provide insight into future ethical decision making and behavior. Finally, while this study focused on training and unethical interactions between faculty and students, describing the ethical practices of counselor educators which influence students' ethical understanding and practice would be of equal importance.

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The Miller Analogies Test and Undergraduate Grade Point Average as Predictors of Success in a Masters Level Counselor Education Program

KEN NOREM AND SANDY MAGNUSON

This study investigated the Miller Analogies Test (MAT) and undergraduate grade point average (UGPA) as predictors of success in a masters level counselor education program. The MAT scores and UGPAs were statistically significant predictors of success as measured by graduate grade point average (GGPA) and scores on a Comprehensive Examination. UGPA was also a statistically significant predictor of practicum ratings.

Counselor education programs continue to rely on admission criteria which have limited empirical support for predicting academic success and the attainment of counseling skills (Hosford, Johnson & Atkinson, 1984; Markert & Monke, 1990; Ridgway & Sharpley, 1990). Many counselor education programs use undergraduate grade point average (UGPA) and scores on either the Miller Analogies Test (MAT) or the Graduate Record Examination (GRE) to select students (Markert & Monke, 1990).

Results of research have not uniformly supported a relationship between these measures and success in masters level counselor education programs as assessed by a student's final graduate grade point average (GGPA) or scores on a comprehensive examination (Camp & Clawson, 1979; Cantwell, 1990; Hosford et al., 1984; Omizo & Michael, 1979). UGPA and traditional aptitude tests have not been useful in predicting the attainment of counseling skills (Markert & Monke, 1990).

Young (1986), in a study of the relationship between admissions information and success in a preparation program for student personnel workers, found a Spearman Rank Correlation of only .17 ($p < .05$) between UGPA and GGPA. A higher correlation of .32 ($p < .01$) was found between the Verbal test on the Graduate Record Examination (GRE) and GGPA. Young (1986) suggested the predictive power of UGPA may be affected by applicants' diverse backgrounds.

The Psychological Corporation (1994) received information from 50 graduate

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school departments to assess the predictive validity of the MAT. Statistically significant ($p < .001$) Pearson Product-moment correlations of .23 and .29 were reported between MAT scores and GGPA and between UGPA and GGPA, respectively. A multiple regression coefficient of .37 ($p < .001$) was reported for MAT and UGPA as predictors of GGPA. The writers of the *Miller Analogies Test Technical Manual* (Psychological Corporation, 1994) suggested that consideration be given to potential sources of underprediction (e.g., restriction of range due to admission requirements and grading practices).

The availability of MAT and UGPA data for students in counselor education programs between 1991 and 1995 at a regional university in Alabama provided an opportunity to assess the relationship of these admission requirements with academic success in graduate counselor education programs. At the beginning of the four year period no minimum score was specified for the MAT; a minimum UGPA of 2.0 was required. Thus, a relatively large range of MAT scores and UGPAs was available for the study.

Admission standards published by the Council for Accreditation of Counseling and Related Educational Programs (1994) require consideration of each applicant's aptitude for graduate-level study. Therefore, valid assessments of students' potential for attaining academic and performance skills are necessary for setting admission criteria and offering beneficial student advisement. This study represents an effort to meet the professional responsibilities for screening students who apply for counselor education programs. The purpose of the investigation was to determine the predictive validity of MAT scores and UGPAs relative to Masters Comprehensive Examination (COMP) scores, GGPAs and performance ratings during counseling practicum.

Method

Sample

This study was conducted at a regional university in Alabama with a student enrollment of approximately 5,000 undergraduate students and 500 graduate students. Almost all of the graduate students were part-time students commuting within a 100 mile radius of the university. The student enrollment (full-time equivalent) in the graduate counselor education programs was approximately 35.

The sample for this study consisted of 78 students (16 males and 62 females) enrolled in the community and school counselor education programs during the Summer, 1991, through the Spring, 1995, semesters. The ethnic composition of the sample included 76 Euro-Americans, 1 African American, and 1 Asian American. The students ranged in age from 22 to 58. Fifteen students were enrolled in the School Counseling Program and 63 students were enrolled in the Community Counseling Program. Practicum performance ratings (PPR) were available for 34 students who had taken practicum during the Fall, 1993, through the Spring, 1995, semesters.

During the course of this study, admission requirements were increased to a minimum score of 35 on the MAT and a 2.5 UGPA. The initial absence of minimum entrance requirements provided a sample with a range of MAT scores from 18 to 78, and a range of UGPAs from 2.04 to 3.90.

Measures

Criterion variables. The criterion variables were COMP scores, GGPAs, and PPRs. The comprehensive examination contained 141 multiple choice items assessing knowledge and understanding of the content taught in the counselor education programs. Performance ratings were assigned to counseling practicum students on a 5 point scale primarily assessing ability to meet the following criteria: (a) demonstrate facilitative responding and appropriate use of counseling techniques, (b) demonstrate understanding and application of counseling theory to client situations, and (c) demonstrate awareness of strengths and weaknesses in counseling.

Predictor variables. The predictor variables were MAT scores and UGPAs. The MAT publisher (Psychological Corporation, 1994) claimed internal consistency reliability coefficients ranging from .90 to .94. Criterion, predictive validity (described previously) was reported by the Psychological Corporation in a study of the relationship between MAT and GGPA for 1,035 students in 50 graduate programs.

Data Analysis

Multiple regression analyses of the data were conducted using MYSTAT Statistical Applications (Hale, 1990). MAT scores and UGPAs were predictor variables; three criterion measures, COMP, GGPA and PPR, were dependent variables.

Findings

MAT scores and UGPAs were statistically significant ($p < .001$) in predicting scores on the comprehensive examination. The results of the multiple regression analysis for predicting COMP scores are shown in Table 1. MAT scores and UGPAs accounted for 28% of the variation in COMP scores. Stepwise regression showed that MAT scores accounted for 23% of the variance, and UGPAs accounted for an additional 5% variance. The additional variance accounted for by UGPAs was statistically significant ($p < .05$).

Table 1.
Multiple Regression Analysis for Variables Predicting COMP Scores (N = 78)

Variable	B	SE B	β
MAT	0.42	0.10	0.43***
UGPA	5.97	2.68	0.22*

Note. R^2 = .28 F {2, 75} = 14.57 p < .001)
*p < .05. **p < .01. ***p < 001.

MAT scores and UGPAs were statistically significant ($p < .001$) in predicting final GGPAs. The results of the multiple regression analysis for predicting GGPAs are shown in Table 2. MAT scores and UGPAs accounted for 37% of the variation in GGPAs. Stepwise regression showed that UGPAs accounted for 33% of the variance. The additional 4% variance accounted for by MAT scores was statistically significant ($p < .05$).

Table 2.
Multiple Regression Analysis for Variables Predicting GGPA (N = 78)

Variable	B	SE B	β
MAT	0.01	0.00	0.20*
UGPA	0.37	0.07	0.53***

Note. $R^2 = .37$ F {2, 75} = 21.68 $p < .001$)
**p* < .05. ***p* < .01. ****p* < 001.

UGPAs and MAT scores were statistically significant in predicting practicum performance ratings. The results of the multiple regression analysis for predicting PPRs are shown in Table 3. UGPAs accounted for 19% of the variation in PPRs. MAT scores did not account for additional variance.

Table 3.
Multiple Regression Analysis for Variables Predicting Practicum Ratings (N = 34)

Variable	B	SE B	β
MAT	0.01	0.02	0.08
UGPA	1.02	0.40	0.42*

Note. $R^2 = .18$ F {2, 31} = 3.72 $p < .05$)
**p* < .05. ***p* < .01. ****p* < 001.

Discussion

The significant correlations between the predictor variables (i.e., MAT scores and UGPAs) and criterion variables (i.e., COMP scores and GGPAs) are consistent with, although somewhat higher than reports by other investigators (Cantwell, 1990; Omizo & Michael, 1979; Young, 1986). The inclusion of students who entered the counselor education program prior to the increased admission standards resulted in relatively large ranges, 61 and 1.87 for the MAT scores and the UGPAs respectively. The introduction of more stringent admission standards will restrict the range in both MAT scores and UGPAs. Thus, the efficacy of the MAT and UGPA as predictors of academic success will be more difficult to demonstrate in the future.

The results of this study did not show a relationship between MAT and PPR. The relationship between UGPA and PPR was statistically significant; however the number in the sample was small. Therefore, the relationship between UGPA and PPR was not substantial enough to refute the assertion by Markert & Monke (1990) that academic criteria were not useful in predicting the attainment of counseling skills. The skills required for successful performance in counseling practicum are somewhat different from the skills required in other classes. Other criteria should be investigated to find valid predictors of outcome variables related to the practice of counseling. For example, a structured admissions interview has shown promise in predicting student success in this area (Norem & Magnuson, 1997).

The variables used for predicting success must be consistent with the goals of the counselor education program (Hosford et al., 1984), and should be validated for each program (Psychological Corporation, 1994). The criterion variables used in this study may be different from the outcome measures used in other counselor education programs. Additionally, generalization of the results of this study is limited by the lack of cultural diversity among the students. Thus, the findings in this study cannot be generalized to counselor education programs in other universities.

More restrictive admission requirements and corresponding smaller ranges in the variables used for predicting academic success will obstruct efforts to assess their predictive validity. Nonetheless, the findings in this study support the continued use of the MAT and UGPA as part of admission requirements to counselor education programs.

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Predicting Success of Students Enrolled in Masters Level Counselor Education Programs With A Structured Interview: Preliminary Findings

KEN NOREM AND SANDY MAGNUSON

With trends toward increased emphasis on accountability, rigor in training standards, and requirements for licensure or certification, counselor educators face new challenges in developing student selection procedures that address competence in both academic and practical counseling skills. Counselor educators have informally endorsed the value of interviewing prospective students; however they have been able to provide only minimal empirical evidence to support the interview's validity as a predictive measure. The authors initiated this study to determine the efficacy of a structured preadmission interview as a predictor of competence in counseling skills. Ratings from structured preadmission interviews of applicants to a counselor education program were significantly related to outcome measures in an orientation class and to performance ratings in a practicum class.

The vexing challenges related to student selection procedures have been addressed in counselor education literature since the 1960s (Hosford, Johnson, & Atkinson, 1984; Hurst & Shatkin, 1974; Markert & Monke, 1990; Redfering & Biasco, 1976; Walton & Sweeney, 1969). Research has been conducted to investigate predictive validity of graduate admission examinations and academic history (Hosford et al., 1984; Markert & Monke, 1990). Other studies have targeted procedures such as interviews and the use of formal inventories (Hosford et al., 1989; Hurst & Shatkin, 1974; Markert & Monke, 1990; Walton & Sweeney, 1969). The results of extensive investigations have been relatively consistent: procedures used for predicting student performance have been shown to be inadequate (Hosford et al., 1984; Markert & Monke, 1990).

With trends toward increased emphasis on accountability, rigor in training standards, and requirements for licensure or certification, counselor educators face new challenges in developing procedures that address both academic success

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and counselor competence. Eichenfield and Stoltenberg (1996) suggested that the quality of counselor training has diminished with the proliferation of counseling programs accommodating a large number of students. They emphasized the need for increased attention to selection criteria.

Bradley and Post (1991) suggested that on-campus interviews and observations of student interactions prior to admission may be helpful in identifying applicants who will be competent counselors. They specified the need to "... evaluate characteristics such as interpersonal competencies, openness to professional self-development and openness to the values and opinions of others" (p. 106).

Preadmission interviews, having a variety of forms, are common application requirements (Markert & Monke, 1990; Rickard & Clements, 1986). Hollis and Wantz (1994), reported that preadmission interviews are required by faculties in 62% of the master's level counselor education programs participating in their investigation. Even though counselor educators informally endorse the value of interviewing prospective students, they have been able to provide only minimal empirical evidence to support the interview's validity as a predictive measure (Gehrlein, Dipboye, & Shahani, 1993; Hosford et al., 1984; Markert & Monke, 1990; Rickard & Clements, 1986).

This study was initiated to determine the efficacy of a preadmission interview as a predictor of success in a counselor education program. We address the use of a structured interview in the student selection process for a masters level counselor education program. Other potential benefits of preadmission interviews for students and counselor education programs have been described elsewhere (Magnuson & Chissom, 1995).

Characteristics of Students Who Demonstrate Basic Counselor Competence

An obvious first step in determining criteria for selecting students is to identify the qualities of students who are able to become effective counselors. A variety of characteristics and competencies believed to contribute to effective counseling have been investigated during the last several decades. For the purposes of this study, these characteristics or qualities were classified according to the following four general areas: Psychological Health, Motivation, Competence, and Tolerance/Regard.

The initial selection of the classifications came from a review by Engels and Dameron (1990) of the 18 counselor competencies and goal statements illustrated in Table I. We further incorporated and classified characteristics and competencies identified by other theorists and researchers according to the four general areas of Psychological Health, Motivation, Competence, and Tolerance/Regard.

Table 1.
Classification of Counselor Characteristics

Health	Motivation	Competence	Tolerance/Regard
Be self-aware and self-accepting Have a high tolerance for stress and frustration Maintain objectivity Exercise self-discipline Recognize and respond appropriately to personal and professional abilities and limitations	Be committed to the welfare of others Be committed to professional growth Be committed to and uphold professional ethics	Systematically conceptualize human behavior and the process of change Facilitate personal development in others Communicate effectively Be creative Possess a sense of humor	Be sensitive to others Be empathic Respect individuality Believe in the positive potential of people Respect freedom of choice

Psychological Health

Psychological health (Cavanaugh, 1982; Cormier & Hackney, 1993), strength, (Cavanaugh, 1982; Cormier & Hackney, 1993), self-knowledge, self-awareness or self-understanding (Cavanaugh, 1982; Cormier & Hackney, 1993), self-acceptance or self-esteem (Combs, 1986, Corey, 1991), and self-direction (Cavanaugh, 1982) have been qualities associated with competent counselors. Cavanaugh's definition of psychological health included abilities to have personal needs met outside of counseling relationships, monitor personal biases and limitations, and sustain a satisfying personal life oriented toward total wellness (1982). Cormier and Hackney (1993) described psychological health as an absence of personal difficulties that would interfere with the ability to help another.

Cavanaugh (1982) associated counselor strength with setting limits, making unpopular decisions, exhibiting flexibility, and maintaining self-identity in the context of counseling relationships. He described self-knowledge as accurate perception of self, appraisal of strengths and weaknesses, recognition of personal needs, and awareness of feelings. These characteristics are prerequisites for counselors exerting self-direction and taking full responsibility for the consequences of their behavior. Cormier and Hackney (1993) described related characteristics of self-awareness and understanding to include awareness of personal needs, motivation for helping, feelings, strengths, limitations, and coping skills.

Conclusions from a study by Combs (1986) stressed the importance of counselor perception. Combs found that counselors perceiving from an internal, rather than an external, frame of reference were more effective.

Motivation

The competencies listed by Engles and Dameron in Table 1 referred to commitment to clients, personal growth, and to the counseling profession. Corey (1991) described commitment to clients as "having a sincere interest in the welfare of others" (p. 15). Combs (1986) reported that counselors who perceived their purposes as altruistic rather than narcissistic were more effective. Truax and Carkhuff (1967) wrote that effective counselors showed their commitment to clients when they considered their professional purpose and roles as freeing and altruistic. Cavanaugh (1982) identified counselors' commitment to personal growth and to the counseling profession with (a) striving to become more competent and (b) increasing their knowledge of human behavior.

Competence

Cormier and Hackney described expertness as the attainment of "the necessary information, knowledge, and skills to be of help" (1993, p. 14). They emphasized that effective counselors not only possess, but demonstrate competence by attending to clients, providing appropriate direction to counseling sessions, and speaking fluently with congruent facial expressions and voice tones. Egan (1990) also described skills necessary for counselors to be competent. These skills included basic and advanced communication skills, as well as other specific skills for various stages of the counseling process. In addition to academic knowledge and helping skills, Cavanaugh (1982) asserted that competence includes the "physical, intellectual, emotional, and moral qualities necessary to be a helpful person" (p. 75).

Tolerance/Regard

Carl Rogers (1957) described core conditions necessary for effective counseling as unconditional positive regard, empathic understanding, and congruence. Truax and Carkhuff (1967) refined investigation procedures and identified empathic understanding, genuineness, and respect as counselor characteristics that correlate with effective counseling. Effective counselors were, according to these researchers, alert to perspectives beyond the detailed difficulties presented by clients.

Other competent counselor characteristics consistent with Tolerance/Regard include sensitivity and open-mindedness (Cavanaugh, 1982; Cormier & Hackney, 1993), warmth, active responsiveness, and patience (Cavanaugh, 1982). Sensitivity was described by Cormier and Hackney (1993) as an awareness of clients' resources, coping styles, and vulnerabilities.

Corey (1991) attributed the following qualities to facilitative counselors:

1. They are open to change.
2. They are expanding their awareness of self and others.
3. They are willing and able to tolerate ambiguity.
4. They can experience and know the world of the client, yet their empathy is nonpossessive.

5. They appreciate the influence of culture.

6. They have a sincere interest in the welfare of others. (1991, pp.14-15)

Many of these characteristics will not become evident until students are actively pursuing their studies. However, evidence of psychological health, tolerance and regard, motivation, and competence may be discernible prior to enrollment. The purpose of this study was to determine if characteristics identified from a preadmission interview can effectively predict student success in a graduate counseling program.

Method

Setting

The study was conducted at a small regional university at which the primary author was the Coordinator of Counselor Education. The 42-semester hour counselor education program provided preparation for counselors in school and community settings. Student enrollment (full-time equivalent) was approximately 35; there were, at the time of the study, three full-time counselor educators.

Data from two sets of participants were collected for this study. Participants were students enrolled in Fundamentals of Counseling during the Fall, 1993, semester and students enrolled in Practicum in Counseling during the Fall, Spring and Summer semesters, 1994-1995. Fundamentals of Counseling, an introductory class, included two major components: (a) orientation to the counseling profession, and (b) introduction to basic facilitation skills. The instructor team provided didactic and experiential opportunities for students to learn about the profession of counseling, its history, ethical standards, current status, and future. The students were taught and expected to demonstrate effective empathic responding skills and appropriate use of questions according to the Egan (1994) model. Evaluation was conducted with objective tests and role plays. The investigation involving the students in the Fundamentals of Counseling course will be referred to as Study #1.

The Practicum in Counseling included individual and group counseling experiences. Students were expected to demonstrate facilitation skills and counseling techniques, as well as the ability to plan counseling goals and interventions using appropriate counseling theory. The investigation involving the students in the Practicum in Counseling course will be referred to as Study #2.

Participants in Study #1

Thirty six students participated in this study. Two of the 41 persons initially enrolled in the Fall, 1993, Fundamentals of Counseling course withdrew during the semester. Interview data were not available for three of the students. Ages ranged from 22 to 58, with a mean age of 35. There were 6 males and 30 females; all students in this course were White.

Participants in Study #2

Students enrolled in Practicum in Counseling classes during the Fall, Spring, and Summer semesters during 1994-1995 were included. Twenty students, including 14 females and 6 males, who had participated in pre-admission interviews were included in the study. Ages of the participants ranged from 24 to 60, with a mean age of 37. All of the students were White. Six of the students, five females and one male, were also included in Study #1.

Interview Ratings

We hypothesized that attributes identified in the literature as consistent with successful counseling could be recognized in responses to specific questions during an individual structured interview conducted prior to enrollment in a training program. We designed a format that included oral questions, a statement written by the student describing his or her reasons for applying to the counseling program, and written responses to hypothetical vignettes. The authors classified the attributes assessed via the interview according to four categories: (a) Psychological Health, (b) Motivation, (c) Competence, and (d) Tolerance/Regard.

Criteria for rating each area were developed based on (a) attributes described in the literature for successful counselors and (b) potential for obtaining objective ratings from a structured interview. For the purposes of this study, Psychological Health included an ability to identify strengths and coping skills, a belief in internal locus of control, and a lack of impaired functioning. Responses to questions about the applicants' process of decision-making, perception of personal strengths, and management of stress formed the basis for ratings of Psychological Health.

Motivation included the degree of investment in the decision to enter graduate study in counseling and the specific counselor education program, and perceived need for further education. Investment was assessed by responses that indicated the interviewee had decided to enroll in the counselor education program with an understanding of the counseling profession, a consideration of alternatives, and an awareness of the need for additional knowledge and skills in counseling.

Competence included a record of successful experience in counseling-related activities, an understanding of counseling as a profession, and both oral and written communication skills. Assessment of the written communications,skills was obtained from a written statement about the applicant's reasons for applying for admission to the counseling program and future career goals.

Tolerance/Regard was defined as acceptance of persons different from the candidate, empathic understanding, and an awareness of issues counselors address when working with clients of different backgrounds. This dimension was assessed by applicants' responses to questions about their experience in working with persons from diverse cultures and responses to situations described in vignettes. Tolerance/regard was contrasted with evidence of dogmatism, rigidity, and non-acceptance.

Responses to the questions were quantified according to a rating scale. Ratings of the criteria within each classification were averaged to obtain a rating for each classification. A composite interview score was obtained by summing the four classification ratings.

Interviews were recorded and responses were rated by both the interviewer and another counselor educator who listened to the audio recordings. An inter-rater reliability of 0.74 was obtained by calculating the Pearson Product-Moment correlation coefficient for the first 35 pairs of interview ratings. After the first 35 interviews, ratings were assigned by only the interviewer.

The intercorrelations among the four classification ratings and the composite interview ratings are shown in Table 2. Correlations between the classification ratings and the composite interview ratings ranged from 0.70 to 0.82. Correlations among the four classification ratings ranged from .17 to 0.56. An internal consistency coefficient of .73 was obtained for the rating scale by applying the coefficient alpha statistic (Cronbach, 1951).

Table 2.
Intercorrelations among the four classification ratings and the composite interview ratings (N=48*)

Variable	1	2	3	4	5
1. Psychological Health	--	.39	.54	.48	.78
2. Motivation		--	.37	.17	.70
3. Competency			--	.56	.82
4. Tolerance/Regard				--	.72
5. Composite Interview					--

*Includes the 36 participants in Study #1 and the 12 additional participants in Study #2.

Outcome Measures for Study #1

Ratings of the applicants' responses during the interviews were compared to two outcome measures obtained from students in the Fundamentals of Counseling Class: (a) ratings of counseling performance during role plays, and (b) scores on achievement tests. Counseling performance was assessed during ten minute role plays. Client roles were played by other students enrolled in the course. Topics that served as the basis of the counseling interaction were randomly assigned to each "client" and included career issues, academic issues, relationship concerns, and family life.

The instructors evaluated counseling performance of each student on a five-point scale. Ratings of 1, 3, and 5 were defined as follows:

5 – The student was able to consistently track the client's communication, responding empathically to both affective and cognitive messages.

3 – The student was able to consistently track the client's communication, responding to either affective or cognitive messages, but not both.

1 – The student was able to engage in verbal conversation with the client, but did not demonstrate ability to empathically respond to client messages.

The instructors assigned ratings of 2 and 4 when student performance fell between definitions. Ratings ranged from 1 to 5; the mean rating was 3.63 with a standard deviation of 1.11.

Achievement tests included two instructor prepared examinations, a midterm and a final, addressing the objectives and content of the course. The midterm consisted of 20 multiple choice, 51 short-answer, and 18 essay questions. There were 139 points possible on the midterm examination. The final examination consisted of 38 multiple choice and 10 short answer questions, with 76 total points possible. The majority of the questions on both tests required students to select or compose facilitative responses. Some of the items on the tests requested responses to ethical situations. The raw scores from the two examinations were totaled to form the outcome measure of academic success. Raw scores ranged from 149 to 202, having a mean of 177.5 and a standard deviation of 15.82.

Outcome measure for Study #2

The outcome measure for the Practicum in Counseling class was obtained from ratings of transcripts and audio tapes of client interviews. Two University practicum instructors who had reviewed student transcripts and audio tapes discussed the students' progress and agreed on evaluations based on the following criteria for a five-point rating scale:

5 – demonstrates facilitative responding and appropriate use of a variety counseling techniques; demonstrates understanding and application of counseling theory to client situation

4 – demonstrates facilitative responding and appropriate use of some counseling techniques and minimal understanding and application of counseling theory to client situation

3 – demonstrates facilitative responding, but minimal use of counseling techniques and/or minimal understanding and application of counseling theory to client situation

2 – needs to show improvement in facilitative responding, use of counseling techniques, and understanding and application of counseling theory to client situation

1 – does not demonstrate ability to acquire minimal skills in facilitative responding or use of counseling techniques

Findings

In each of the two studies, Pearson Product-Moment correlations coefficients, obtained by using MYSTAT Statistical Applications (Hale, 1990), were used to compare the Composite Interview ratings with the outcome variables. The correlations found in the first study are shown in Table 3. A correlation of .37 between Composite Interview ratings and Performance ratings conducted during the Fundamentals of Counseling class was statistically significant ($p < .05$). A correlation of .42 between Composite Interview ratings and test scores obtained from the Fundamentals of Counseling class was also statistically significant ($p < .05$).

Table 3.
Correlations between Interview Ratings, Counseling Performance Ratings and Test Scores

Variable	1	2	3
1. Composite Interview	--	.37*	.42*
2. Performance		--	.47**
3. Test Scores			--

*$p < .05$. **$p < .01$.

In Study #2, the Composite Interview ratings was compared with Practicum ratings. A correlation coefficient of .71 between Composite Interview ratings and Practicum ratings was statistically significant ($p < .001$).

Discussion

Preliminary findings indicate that a structured preadmission interview may be useful in predicting how well students will perform in practicum experiences. Student role plays and written tests in the Fundamentals of Counseling class required responses related primarily to the practice of counseling. Success in a course taken early in a student's counseling program in which both a performance rating and test scores are included as evaluative measures may be an indication of how well the student will develop counseling skills.

The correlation between the Composite Interview ratings and ratings of Practicum performance assessed later in the students' program account for nearly 50% of the variance. This preliminary finding indicates that preadmission interviews may serve a unique function in the admission process. Undergraduate Grade Point Average and Graduate Admission Tests have shown predictive ability for other outcome measures such as comprehensive graduate examinations and final graduate grade point averages (Norem & Magnuson, 1997). However, finding predictors of the practical skills involved in counseling has been more difficult.

There are several limitations of this study. The sample sizes in both studies are relatively small and have been drawn from only one university program. The interview protocol is in the development phase; therefore, the lack of standardization could be expected to limit the interviews' reliability and validity. Interrater reliability is expected to improve as the interview protocol is further refined.

Statistical findings are specific to the counselor education program for which these interview protocols and procedures were developed. Criteria for academic success and counseling performance will vary among counselor education programs. Therefore, the variables used to predict success must be tailored to the particular expectations and requirements of each counselor education program.

The most important finding in this study was that interview ratings could significantly predict student success in a course which employed measures of counseling performance and academic achievement, and in ratings of performance in a practicum course. The use of standardized, objective criteria for the interview ratings provides a basis for revision and improvement of the interview process. A standardized interview protocol, including objective criteria, shows promise of facilitating the selection of applicants who will acquire and demonstrate competency in counseling skills.

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The Alabama Counseling Association Journal
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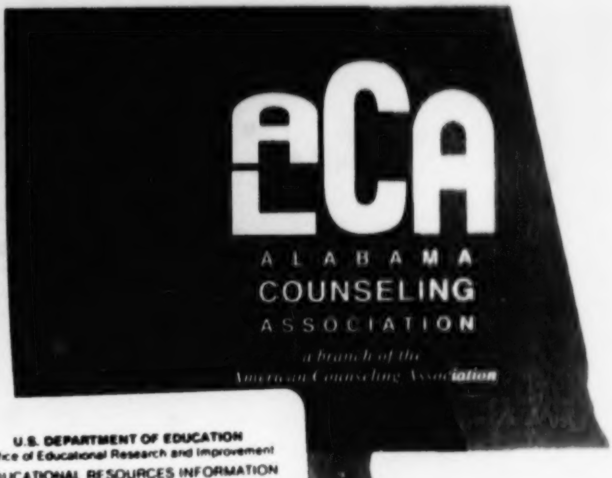

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The Alabama Counseling Association Journal

An official publication of The Alabama Counseling Association, *The Alabama Counseling Association Journal* is published twice a year. A primary purpose is to communicate ideas and information which can help counselors in a variety of work settings implement their counseling roles and develop the profession of counseling. *The Journal* may include thought provoking articles, theoretical summaries, reports of research, descriptive techniques, summaries of presentations, discussions of professional issues, reader reactions, and reviews of books or media.

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A Message From Dr. Marcheta McGhee,
President of The Alabama Counseling Association

Empowerment through Social Action with C.O.P.E.

Over the past months as president of the Alabama Counseling Association, I have promoted my theme of Empowerment through Social Action with C.O.P.E. In each issue of the *Quarterly* I have taken the time to focus on the last four letters **C** (Cooperation), **O** (Organization), **P** (Participation), and **E** (Education). I have seen how each one of these letters has come to life in this organization and through the efforts of everyone connected with the Alabama Counseling Association.

This has led me to the focus for this journal piece on the first part of our theme: *Empowerment through Social Action*. When I look at this section of the theme, I try to determine what import this has for counselors. Of course, I have always been taught that if you want to understand something try to break it down and come up with an answer. So, let's look at the word empowerment. The basic definition of empowerment (Webster's, 1991) focuses on "the giving of authority or official power to." So what is this saying?

In the 1980s we constantly heard the word empowerment. Actually, it became a "buzz" word for the decade. We were charged as counselors to "empower" our clients. I developed a personal definition of empowerment to mean that we were teaching our clients/students/patients the importance of being a voice for their issues, helping them to realize that what they wanted regarding the direction of their lives needed to be expressed assertively, and helping them learn to be advocates for themselves. With this personal definition in hand, I proceeded to work with my clients and students.

I have come to a time in my life where I must stop and assess where I am professionally. What are my goals and dreams for the future? Am I feeling empowered? Has anyone given me the authority to be a voice and advocate for my profession? Then the thought came to mind: If I am not an advocate then who is? It reminded me of all the talks I had with my students and clients and of the "pep" talks with them regarding being the captains of their ships. I know as a profession we are faced with so many challenges, changes and opportunities. Some of these changes involve issues of managed care and organizational disaffiliation to name a few. What will we do as professionals? We can empower ourselves to be more socially active. We have a professional responsibility to be more socially active and participate in promoting social legislation.

The next part of the theme focuses on social action. For a long time, we were taught to ignore the role of social context on change. In the 1960s, when there was a lot of social and political upheaval, the profession was not able to respond to the many social issues. The profession was unable to handle such issues as civil rights, women's rights, the Vietnam War, counterculture, and drugs (Peterson & Nisenholz, 1995). Now we are seeing the impact this lack of understanding of the importance of social context had on the profession. We must see clients/students from their social context. That brings me to the conclusion that we must know and be involved in what is happening socially and environmentally.

When I look back at counseling history on the concept of social action and commitment, there are so many of the "great" founders of counseling theory that were socially active. The first name that invades my mind is Alfred Adler. A very important concept in his theory is *gemeinschaftsgefühl* which translates into social interest. He stated that we must realize that we are a part of a larger social whole, not fragmented. His work through life focused on such issues as crime, war, nationalism, and many others. There are other prominent theorists that addressed issues of social consciousness: Maslow, Rogers, Frankl, Ellis, Skinner, and Erickson. In a book written by M.Scott Peck (1987), *The Different Drum: Community Making and Peace*, the issues of prejudices, religious beliefs, and cultural backgrounds are addressed extensively. He supported the concept of community connection. According to Peck, this is a concept that should be shared by all people.

I have discussed what it means to empower and have shown the historical precedent that has been set regarding social action by some of the major names in counseling. The next part of the theme deals with what we can do. As effective counselors, we must have the knowledge and skills to deal with these issues: empathic understanding; an ability to listen; knowledge of social and political issues and the impact these have on families; and insights into how people modify their actions. As counselors we must realize the impact of such issues as sexism, racism, classism and any other "ism" on our clients and ourselves.

What can we do? First of all, we need to make a decision to be socially active. I hope as I go through this in more detail you will make a decision to move forward with your social activity. There are really two ways you can proceed. The first involves what Peterson and Nisenholz (1995) called inner work. This is on the intrapsychic level. It involves such things as:

- Opening yourself to new opportunities
- Taking the time to listen to yourself
- Allowing yourself to be you
- Learn to live the tenants you espouse
- Learn the importance to taking care of yourself through exercise, nutrition, time management, relaxation, association, and laughter.

I really like the concept of laughter. For me I have used it as "medicine" for some of the most painful experiences.

On to the outerwork. We must take action as counseling professionals. Following are some suggestions:

- Be politically active. We can write letters to legislators, call elected officials, and support political candidates. The American Counseling Association offers training on government relations training at the national level for its members.

- Be involved in service organizations. There are so many agencies and community organizations in your area where you can become involved such as domestic violence and civil rights organizations.
- Finally, be involved in crisis and disaster preparation and response. The American Red Cross offers introductory training in Disaster Services and Disaster Mental Health training. These courses prepares participants to provide the specific activities and interventions necessary to meet the immediate disaster-related mental health needs of people affected by disaster.

The list of inner work and outerwork can be expanded to include so many more areas that hold personal significance. The idea is to help you realize the importance of giving yourself the authority or power to move ahead and become an advocate for your profession, counseling.

We can all sit back and complain about contemporary issues and challenges such as managed care, The American Counseling Association and its reorganizational efforts, and issues such as multiculturalism, racism, and sexism. In the final analysis, we can make a difference by being involved. History has proven this to us.

Complaining never solves anything. It is the action part of this theme that makes it work. Of course this action cannot occur without you, the counselor. So let us move forward with excitement and anticipation. Yes, change does bring about a certain amount of anxiety. That's natural, but as counselors we must not be problem-focused, but **solution-oriented** to effectively face these challenges.

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Editorial

During the past ten months we have come to view the *ALCA Journal* as a collaborative effort made possible by contributions of the Association, the Editorial Board, the authors, and the readers. We are pleased to submit Volume 23, Number 2 of *The Alabama Counseling Association Journal* as a product of that collaboration. This issue features Dr. Allen Wilcoxon's lead article offering valuable suggestions for strengthening professional writing skills. We hope his excellent article will stimulate readers to submit manuscripts for Volume 24! Yours will be welcomed!

We also welcome this opportunity to publicly acknowledge the Editorial Board members' multiple silent contributions. In adherence to the blind review process, these professional counselors anonymously invest expertise and time in reviewing manuscripts, determining appropriate publication recommendations, and offering assistance to authors for improving their manuscripts. We value our opportunity to work with Ingie, Darrell, Joyce, Judith, Frank, Windell, Margaret, Cheri, Nancy, Jamie, **and** Jamie! Subsequent to "Successful Submissions for Publications: Notions and Suggestions" you will find advice that several members of the Editorial Board offer to assist and encourage authors.

While many of the titles contained in this issue of *The ALCA Journal* address specific segments of the profession, we believe readers in all areas of the counseling profession will find the articles relevant and useful. Basilia Softas-Nall, Christine Breier, and Tracy Baldo propose a supervision intervention termed solution-focused process recall, which is a modified application of interpersonal process recall. This article should be of interest to supervisors in both clinical and academic settings.

Marcheta McGhee and Jamie Satcher report on a study designed to predict job satisfaction among rehabilitation counselors in Alabama. Their findings may suggest variables that contribute to counselor satisfaction in all settings.

Dale Wayman offers suggestions for counselors working with clients in rural Appalachia. We encourage counselors in all settings to review the article for information that will empower them to work more effectively with this client population.

We also encourage counselors in diverse settings to consider the recommendations provided by Jamie Satcher, Karla Carmichael, and Jeff Todd for working with clients who have a disability and are gay. Although this article is specifically directed towards rehabilitation counselor educators, we believe the content of the article will be of interest to practicing counselors as well as counselor educators.

The review of admission procedures of counselor education programs provided by Denny Chi-Sing Li, Richard Canada, and Mee-Gaik Lim will increase counselors' awareness of another element of our profession's rich history. These authors call on the profession to scrutinize procedures for selecting counselors-in-training.

The issue is culminated with a chapter from Pamela O. Paisley and Glenda T. Hubbard's comprehensive text, *Developmental School Counseling Programs: From Theory to Practice.* These authors provide concrete illustration of ways developmental theories apply to individual counseling. Again, we offer this as a resource for school counselors and their colleagues in other settings who work with children.

KEN NOREM AND SANDY MAGNUSON

Successful Submissions for Publication: Notions and Suggestions

S. ALLEN WILCOXON

For many in our profession, the thought of writing for publication holds intrigue, awe, terror, and even pleasure. The notion of expressing one's ideas in written form, whether as synthesis, commentary, novelty, or scientific discovery, represents an array of challenges, many of which seem so considerable that one may be defeated before even beginning. That's really too bad! Most counselors have the intelligence, insight, skill, conviction, and even the time to commit their ideas to written form for dispersal among their colleagues in a professional outlet such as a journal entry. However, many times, the barriers that impede their success are attitudinal, informational, or experiential in nature rather than intellectual or organizational. Again, that's too bad, particularly because many prospective publishing counselors have much to offer to professional readerships (McGowan, 1997). This article is intended to examine various elements of the publication process that might assist aspiring authors as they face and defeat "demons" that are possibly more personal "enemies" than professional ones.

Editor Note:

One of our primary missions as ALCA Journal Editors is to encourage professional writing for publication. Thus, this issue features Dr. S. Allen Wilcoxon's invited article that offers suggestions for successful efforts toward publication.

***Dr. Wilcoxon** is the Program Chair and Professor of Counselor Education at The University of Alabama. He was co-editor of the Alabama Association for Counseling and Development Journal from 1985 to 1989. He was also recognized in a 1994 issue of The Journal of Marital and Family Therapy as the author having the greatest number of articles published in marriage and family journals. This contributed to the University of Alabama's ranking fourth in total publications. Dr. Wilcoxon consistently and actively encourages colleagues' and students' publication efforts.*

We extend our appreciation to Dr. Wilcoxon for the extensive contributions he has made to the ALCA Journal and the professional literature, and for his generosity in sharing his expertise via "Successful Submissions for Publication: Notions and Suggestions."

Attitudinal Considerations: Truisms and Passions

"Publish or Perish," "Write or Wither," and a variey of other professional truisms have endured within the "publication culture" for many decades. Perhaps these notions existed initially as a commentary about unique settings (e.g., academia, research institutes, etc.), but they have come to permeate the context of writing for professional purposes. From these points of reference, one's initial thoughts concerning writing for publication might likely be discouragement or anxiety. While there is considerable accuracy in these truisms regarding the actual labor of writing for publication, to be defeated by the initial "demon" of an attitudinal obstacle is unfortunate for aspiring authors.

Other truisms are equally accurate regarding the attitudinal barriers one encounters at the outset when considering writing for professional publication. For example, "Even the longest trip begins with the first step" or even "Easy does it" could be useful thoughts to consider. Even the notion of "Take small bites and chew well" offers remarkable application for affecting the attitudinal factors in writing.

Human-service professionals have a unique perspective from which they can examine the initial attitudinal barriers to publication: process versus task (McGowan, 1992). Essentially, our profession demands that we approach attempts to assist with human dilemmas as a process of gradual change, usually accompanied with intermittent difficulties, to achieve an ultimate desired end. Unlike a discipline in which one can pursue the completion of a task with likely straight-line success so long as the initial premises and organizational plans are sound, counseling demands that we employ patience, diligence, and an inherent belief in a successful outcome in order not to be defeated as the outset. This attitude is clearly applicable in the process of writing for publication.

An equally compelling factor in one's attitude toward writing for publication is to view the process as having personal meaning. A well-documented aspect of burnout in the work setting is the tendancy to depersonalize one's work. From this perspective, one's work is viewed as an activity with neutral or even punitive outcomes rather than reward and esteem. While a certain objectivity is required as one encounters the process of editorial review, this form of realism should occur far later in the writing process. Most successful authors will confess to some sense of impassioned commitment to their work as they formulate their initial plan and effort. If one envisions writing for publication as being similar to writing a report or term paper, such tedium can promote depersonalization and resentment which can defeat the author at the outset. Rather than the defensive nature of writing to avoid an outcome such as "perishing" or "withering," an attitude of writing to accomplish something with personal significance and meaning stimulates and invigorates one's efforts. Like so many components of contemporary life, writing for publication is grounded in one's personal investment in the creativity, discipline, and energy needed to accomplish an outcome that features an almost intimate drive for success rather than a desire for completing a task. Perhaps "Write and Enjoy" would be a wonderful truism to promote on a wide-scale basis similar to the more traditional axioms of drudgery and woe!

A final attitudinal consideration that aspiring authors should consider is the importance of persistence and task-orientation. In that most practicing counselors have successfully completed graduate study, they will have an appreciation for the traditions of "Type A behavior" (i.e., driven, cerebral, sequential, organized approaches to completing defined tasks). The noted author and humorist Garrison Keilor once said "Writing is a lot like doing dentistry on cadavers. You work all day doing small tasks and then when you're finished, no one notices your work." While there may be some accuracy in this statement, a more applicable notion is that the work of writing for publication requires discipline and focused effort. The aformentioned elements of viewing writing as a process with personal meaning are significant but cannot offset the need for disciplined library research, formulating multiple drafts, and grinding out sentences (McGowan, 1992). In this respect, one might recall the response from Agatha Christie when she was asked about how to begin the process of writing when she noted "First, you read; then, you read; then, you read some more." Similarly, the suggestion that "You can never go wrong so long as you have your pen on paper" (or possibly "fingers on a keyboard") denotes the importance of the focused work ethic as an attitudinal consideration in professional publication efforts.

In summary, like much of what human-services professionals encounter in their work with clients, one's initial attitude can be the difference between successful initiative or neglected aspiration in writing for publication. A perspective of committed diligence, tempered with realism and grit, can often create the energy necessary to develop a document with personal significance. The importance of overcoming these attitudinal barriers is that once some initial work is completed, the author will be encouraged to continue. In this regard, "Nothing breeds success like success" might be the most notable truism of all concerning one's attitude in writing for publication.

Informational Considerations: What are My Options and What are the Procedures?

Coincidental with the attitudinal considerations one faces in writing for publication are the informational considerations for such efforts. A variety of informational areas affect writing for publication, though the most notable concerns are: (a) information about possible avenues for publication, (b) information about the guidelines for authors submitting manuscripts, and (c) information concerning the process of editorial review. In that each of these spheres of information feature significant aspects to consider in writing for publication, they will be considered separately, then in combination throughout this section of the article.

Possible Publication Avenues

Often, aspiring authors have a somewhat narrow perspective concerning their options for publication efforts; actually, many options exist! In examining these selected examples, I have decided to offer examples from my own work only because I have greatest familiarity with their content and the ways in which they illustrate the intended focus of this article. I trust this approach does not appear to be self-ingratiating but, rather, simply illustrative for the purposes of the article.

As an initial venture, one's "best bet" for a successful publication begins with an activity featuring little written work. A professional presentation is an activity that requires one to conduct library research, organize ideas in a logical and sequential manner, produce brief summary documents, and articulate an idea with a professional audience. A **professional presentation** features deadlines for submitting proposals and for preparing tangible final products that can assist immensely in the work one must accomplish to develop a publication (author note: this manuscript is being written using the outline of a presentation for the 1997 AICA Fall Workshop). A related benefit from a professional presentation as an intermediate task in the publication process is the feedback and dialogue with colleagues to assist in additional reading, overlooked perspectives and "blind spots," and collaboration with co-authors. From my own experience, a presentation in October 1996 (Wilcoxon & Archer, 1996) was quite helpful for a publication (Wilcoxon & Archer, 1997) related to a topic of interest for both myself and my co-author. In some instances, the abstract from a professional publication will serve as a publication from the proceedings of that professional conference. Despite appearances to the contrary, a professional presentation is an excellent avenue to assist in the publication process.

Concerning actual written documents submitted for editorial review, much variety exists in terms of avenues for professional publication. **Commentaries, articles,** or **position papers** in professional publications such as newsletters or service bulletins may not feature the same rigor or the same notoriety as that associated with an empirical work in a high-profile journal, but they are legitimate activities that can assist in publication efforts. Many authors find their work in such avenues to be important preludes to more lofty goals. In most instances, these publications are not "refereed" or "juried" (i.e., reviewed as "blind" or anonymous manuscripts by an editorial board) but they are contributions to the professional literature that may lead to subsequent efforts on a more ambitious scale. For myself, a newsletter article I once wrote was refereed and served to stimulate interest for both the newsletter editor and a graduate student completing her master's thesis (Wilcoxon, 1985a). As a related item, aspiring authors will nearly always find newsletter or bulletin editors to be appreciative of offers for prospective entries for their publications.

A **book review** is perhaps one of the more overlooked yet notable publication avenues available to those wishing to publish. The elegance of a book review is that it represents a finite task, typically with a finite structure (e.g., word or sen-

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tence restrictions, limited opportunities for personal commentary, etc.), but some editorial review. I found that the discipline and assistance from the journal editor in completing book reviews were of great help in developing my interest in writing for publication (Wilcoxon, 1985b). Additionally, once I completed the review of this text, my own interest in clinical supervision was piqued to the point that I pursued a formal supervisor status with a professional group. Once again, writing for personal reasons can often lead to personal benefit! While most book reviews are not refereed, they are more rigorous and feature a format that demands disciplined and focused writing.

An **integrative summary** can be a very stimulating and creative avenue for publication. In most instances, integrative summaries are attempts to juxtapose and synthesize traditional and/or contemporary ideas into a meaningful whole. These works frequently feature a compare-contrast element that stirs readers to consider aspects of ideas, theories, or notions that they might have otherwise overlooked. For example, one might examine the integration of a traditional approach to career exploration with elementary children that considers developmental readiness for using technology at different grade levels. Or, one might examine the similarities and differences between Structural and Integenerational approaches to family therapy as they might affect intervention efforts with persons diagnosed as a Borderline Personality. For myself, I have found that two (2) integrative summaries I authored in my career were particularly satisfying and enjoyable. The initial article was entitled "Healthy Family Functioning: The Other Side of Family Pathology" (Wilcoxon, 1985c) and the other was "Grandparents and Grandchildren: An Often Neglected Relationship between Significant Others" (Wilcoxon, 1987). In each of these entries, I found the library review to be quite enjoyable and the integrated products were really useful for my teaching and practice. The two (2) essential elements for a successful integrative summary are novelty and application. If the idea is dated or already in print, its novelty is diminished considerably. Similarly, if the idea is novel but impractical for application purposes, it may appear to be primarily a cerebral exercise that might be publishable only in an obscure outlet. In most instances, editorial management of an integrative summary entails refereed or juried review.

A derivative of the integrative summary is a publication devoted to **contemporary issues**. An article featuring a particular topic or an array of topics may inform and stimulate a professional readership. For example, an integrative summary devoted to the ethical issue of disclosure or confidentiality when a third party is unaware of a confirmed diagnosis of HIV+ or AIDS with a client currently being served by a counselor would be an integrative summary of a contemporary issue. Similarly, examining various trends in practice, legislation, and regulation affecting school counselors on a national scale could be informative and exciting to a professional audience. For myself, I learned a great deal in working as a co-author with a colleague (Dr. Robert Comas) to examine a contemporary issue from a perspective with which I was somewhat unfamiliar (Wilcoxon & Comas, 1987). Even more interesting was the array of letters and calls from readers reacting to an issue entry I authored entitled "He/She/They/It? Implied Sexism in Speech and Print" (Wilcoxon, 1989). In fact, one reader took the time to send a rather scathing letter noting the irony of an article on this topic containing the phrase "rule of thumb," which is in fact a 16th century law allowing a husband to beat his wife so long as the stick used was no wider than his thumb!

As with the integrative summary, refereed review of a manuscript devoted to a contemporary issue would be founded on two (2) key elements, these being: (a) **comprehensiveness,** and, (b) **variety**. Scrutinizing a contemporary issue from only one perspective resembles advocacy more than examination, thereby suggesting an ulterior motive which many editorial reviewers will find offensive or myopic. When examining a contemporary issue, a comprehensive review is essential for emphasizing its uniqueness. Stated otherwise, another truism emerges: "If there's only one side, there is no issue." Variety is also important in examining a contemporary issue. Variety should be demonstrated in entries from multiple journals or sources, multiple research findings, multiple opinions, and multiple suggested resolutions/actions. To think of a contemporary issue publication as a synopsis of literature that readers could uncover if they decided to investigate on their own is a good guideline for authors to use in developing their manuscript.

Many human-services professionals are interested in reading multiple but succinct entries concerning a particular theme. In this regard, **annotated bibliographies** are an excellent avenue for publication available to authors. Summaries of texts, articles, or similar professional works examining a specific topic are quite beneficial to journal readerships. Unlike a book review, an annotated bibliography is devoted to a topic that can serve to introduce relevant literature to a practitioner searching for resources. For example, a 15-entry summary of approximately 2 paragraphs each devoted to both empirical findings and applied notions for counseling families with a member who has Alzheimer's disease or who have encountered financial ruin or who have relocated into a new culture can be uniquely helpful as a starting point to learn about these topics. An annotated bibliography may be an initial by-product of a literature review for a subsequent article or possibly a literature review for a class project, thesis, or dissertation. In my own experience, I elected to write an annotated bibliography to illustrate its utility with a group of doctoral students and found it yielded contacts from a number of practicing counselors (Wilcoxon, 1986a). Most annotated bibliographies are subjected to refereed review and may feature requests for minor or even major changes prior to their acceptance for publication.

Perhaps the majority of entries in counseling-related journals are those typically noted as **application works**. Because ours is often an inexact science, the signficance of publications devoted to examining the "How-to" or "What-to" aspects of practice often hold great interest for professional readers. Those considering developing an application work for possible publication should be aware of the potential impact of their ideas and claims. To suggest an activity in a recognized professional outlet such as a journal is to endorse a behavior that might have direct or indirect effects on clients, thus the ethical obligation to examine fully the implications of a suggested practice is considerable. Discussions of novel methods, "In-the-Field" techniques, and possible remedies for practice concerns should have a basis in recognized literature rather than simple intuition. Application works are perhaps the most scrutinized version of manuscripts submitted for publication since their appearance in a professional outlet is tantamount to endorsement by that journal. However, despite concerns regarding these obvious precautions, application works are great contributions to the human-services literature since they often inspire others to offer commentary and rejoinders appearing in the same or subsequent publications. I once published an article entitled "One-Spouse Marital Therapy: Is Informed Consent Necessary?" (Wilcoxon, 1986b) that was immediately followed by a personal commentary offered by the journal editor questioning the entire premise of the article (Kaslow, 1986). From this experience, I would offer that in taking a position with an application work, one should be prepared for an immediate reaction! The essential and shared desire of ethical practitioners is to improve upon the services to clients and to advance the profession, thus application works often serve to answer as well as prompt questions among colleagues, both of which represent meaningful contributions to the field.

Data-based research works are often viewed as the most difficult forms of publication in professional outlets. Nothing could be further from the truth! When the method is sound, the statistics are appropriate, and the conclusions are tied directly to the analyses, a data-based research work is often the easiest form of publication. In many respects, such a publication is more of a "report" than an "article" since the basis for the manuscript is a completed research project rather than a review of an issue or a suggested practice for an applied need. Again, a data-based research work will be subject to refereed review, but frequently yields only minor revisions for publication. A variety of data-based research works may be published in professional journals.

Findings from data-based research works may also lead to a number of subsequent outcomes that extend far beyond the publication. For example, one of the more popular approaches in a publication featuring research data is the use of survey outcomes related to large-scale issues. For example, I and another counselor educator in our state (Dr. Richard Hawk) secured a small AlACD grant to conduct a survey of state AACD associations regarding their continuing education practices and services (Wilcoxon & Hawk, 1990). The results of this survey were requested by AACD and were used to develop a strategy for encouraging states to emphasize certain types of continuing education offerings to assist their members. A similar outcome was reflected in a request from the American Mental Health Counselors Association (AMHCA) to scrutinize data published by myself and another counselor educator in our state (Dr. Stephanie Puleo) concerning the professional development needs of mental health counselors (Wilcoxon & Puleo, 1992). More conventional examples of data-based research would involve in-field studies featuring more elaborate statistical analyses. A practitioner in our state (Dr. Francis Strick) published one of the most notable studies concerning dissociative experiences of adult survivors of sexual victimization (Strick & Wilcoxon, 1992). This work has been referenced on multiple occasions by those wishing to extend her research. In using either survey or in-field methods, the actual use of data to support conclusions reflected in the text of the article portrays the heritage of the Scientist-Practitioner model advocated by practicing counselors, educators, and supervisors.

A final category of publication avenues is **atypical** entries that might include novel or "other" categories of publication efforts. Within these atypical entries might be creative works such as poetry (Wilcoxon, 1983), interviews with noted professionals (Good, Fischer, Johnston, & Heppner, 1995), humorous/entertaining publications uniquely fashioned for a professional readership (Dooley-Dickey & Satcher, 1991), or even original models reflecting theoretical or philosophical notions not currently featured in practice or professional literature (Wilcoxon, 1990). Atypical entries in the professional literature usually feature unique formats or organizational schemes that, despite their unconventional form and content, offer a definite contribution to the professional culture and potential service to clients. Atypical entries often prompt refereed review by one or more guest reviewers specially skilled to assist the editor in examining the manuscript for its contribution to the field.

Combinations of these various avenues are also quite common for those wishing to have their works published in professional outlets. For example, the article concerning grandparent-grandchild relationships (Wilcoxon, 1987) was refashioned as a book chapter in an edited text (Wilcoxon, 1991). Similarly, the contemporay issues article co-authored by Wilcoxon and Comas (1987) served as the framework for another lengthy integrative summary in a subsequent article (Wilcoxon, 1993). A particularly attractive approach to publication is reflected in the use of programmatic writing (Gladding & Wilcoxon, 1987) in which one identifies a particular multifaceted theme or concept in library and/or data-based research that is then examined from a variety of vantage points. I was privileged to work as a co-author with a now-deceased practitioner in our state (Dr. Sandy Apolinsky) on an array of articles devoted to interventions with adult survivors of childhood sexual victimization. Specifically, one article was both an atypical and an integrative summary entry examining moral development of these clients (Apolinsky & Wilcoxon, 1991a); a second article examined the specific intervention technique of symbolic confrontation in a group work with these clients (Apolinsky & Wilcoxon, 1991b); and, a third article examined an entire 12-week procedure (including symbolic confrontation) as an intervention model for these clients (Apolinsky & Wilcoxon, 1991c). In this way, the programmatic approach to examining specific elements of the topic were emphasized **and** submitted for review with **different** readerships. A final example of a combination concerns the use of an applied work followed by a data-based research work. A colleague and I pursued this approach when we introduced a suggested format for promoting conjoint marital therapy (Wilcoxon & Fennell, 1983), then followed the application work with a data-based research work in which the proposed format was actually field tested to determine its utility for accomplishing the task (Wilcoxon & Fennell, 1986). In a programmatic way, the natural progression of the application work followed by the data-based research work allowed an opportunity to suggest the concept, then to test its applied utility.

The generous use of personal examples in this section has been based on the notion that illustrations often serve to strengthen the point of a text. Typically, one can identify examples of many of these publication avenues in single issues of professional journals.

Guidelines for Manuscripts

Many times, one may have identified a specific publication avenue but be unaware of the specific aspects of manuscript preparation. To use an analogy, "one may have a marvelous gift wrapped in a very unattractive package."

Every reputable professional outlet provides "Guidelines for Authors" in their issues as a means of providing a structure of expectations for prospective authors. **These guidelines are often treated as sacred!** Typical components of "Guidelines for Authors" will be statements concerning maximum manuscript length, notations about referencing formats, numbers of copies to accompany the original manuscript, diskettes preparation and preferred word-processing programs, and use of nonsexist and nondiscriminatory language. Thus, manuscripts developed with disregard for the expected format may be returned for revision before they are even read (McGowan, 1997). Similarly, manuscripts submitted with in adequate numbers of copies, improper referencing, or even highly personalized and unsubstantiated claims reflecting personal agendas will likely not be distributed among editorial board members.

Those wishing to be successful in publication should have great familiarity with and adherance to these **published** guidelines. However, there are many **unpublished** guidelines for manuscript preparation that authors should know in terms of informational considerations for publication. A careful review of any randomly selected array of professional publications will reveal the expectations for professionalism, responsibility, and propriety among professional outlets. These **unpublished** guidelines often serve as pivotal points in determining successful or unsuccessful publication efforts. Essentially, these items reflect a "tenor of excess" (i.e., too much or too little) related to the content of the manuscript. Some examples are:

"Too Many Errors" – manuscripts with excessive spelling, grammatical, or syntax errors

"Too Lengthy" – protracted beyond necessary length even if within page maximums

"Too Disorganized" – difficult to follow with no clear line of premise or conclusion

"Too Dated" – a review of literature and/or data that ignores more contemporary findings
"Too Repetitive/Redundant" – repeatedly making the same point
"Too Argumentative" – outbursts or personalized commentary similar to "Letters to the Editor"
"Too 'Jargonish'" – undisciplined esoterica with vague or capricious meanings
"Too Apologetic or Indefinite" – a minimal contribution or one with limited clarity
"Too Definitive" – attempted clarity and complete resolution of a complex issue
"Too 'Gimmicky' or Unsubstantiated" - lacking in scholarly content or grounding in literature
"Too Unrelated to Readership" – possibly a great work but for the wrong audience
"Too Impractical" – suggestions/ideas that would only have limited applicability

From only this partial list of "excesses," the need to develop manuscript content with objective, professional, and collegial features would seem clear. Essentially, respecting the published and unpublished guidelines for professional manuscripts represents a notable informational consideration for authors.

Editorial Review: The Interminable Waiting Game

Once a manuscript is developed and submitted to a professional outlet, the process of editorial review begins. Novice authors are sometimes unaware of the considerable delay in the review process. Seasoned veterans will also note that the delay in editorial review can seem interminable. Editors and members of their editoral boards are people with lives outside of reviewing a manuscript submitted for their consideration. A few items of informational consideration are in order for this area of publication effort.

Along with providing all materials required in the "Guidelines for Authors" for the publication outlet, authors should offer a brief yet clear letter of introduction to the editor. Most cover letters feature a very brief commentary about the manuscript (1-2 sentences), acknowledgement of co-authors (where appropriate), and simple professional courtesies. Attempts to ingratiate one's self to the editor or to convince the editor of the readiness of the manuscript for immediate publication are distracting and unnecessary. Authors should understand that the editor is neither friend nor enemy to the author; the editor is the gate-keeper for the professional outlet and, thereby, the "protector" of the reputation of the outlet. In this regard, the process of editorial review is dedicated to crafting a final product that will assist readership of the professional outlet.

For brevity, this article will feature only an examination of the essentials of the process of editorial review. Authors should expect to receive a contact from the editor acknowledging receipt of the manuscript within a month of its mailing; failure to do so may indicate that the manuscript has been misplaced and should prompt a query with the editor concerning its receipt. Typical procedures in refereed editorial review involve two or three members of an editorial board being assigned the task of "blind" or anonymous review of a manuscript, usually to be completed within six to eight weeks of its receipt. Editorial board members are to offer written feedback for use by the authors in revising their manuscripts. Once all editorial comments and recommendations are received by the editor, a summary of the suggestions for the manuscript will be returned to the author. Great variety may be noted in this process, ranging from receiving annotated manuscripts and reviewer comments to a single summary and recommendations for revision prepared by the editor to incorporate all suggestions for authors to consider. In general, the possible outcomes of an editorial review are: (a) "Accept Without Revision" (a rare outcome), (b) "Accept with Minor Revision" (also quite rare), (c) "Resubmit with Revisions" (most common), and (d) "Reject" (generally an indication that one should reconsider either the idea or the outlet for the manuscript). A guideline to consider with the "reject" outcome is to make some revisions but resubmit the document to another outlet for editorial consideration.

The single most important aspect in editorial review is **access**. Components of accessibility include access of the editor and the author to one another, access of the editor and the author to the suggestions of the editorial board, and access of the editor and the author to the manuscript. Authors should retain copies (magnetic and printed) of their manuscripts and all correspondence from editors. While authors should be aware of the demands of editors' time, they are also encouraged to contact editors after innordinate periods of delay (e.g., 5 months with no editorial feedback). Similarly, authors should be prompt in responding to editor contacts, preferably in person and in writing. Again, authors should perceive publication as a process rather than a task that typically involved 18 to 24 months from start to finish.

Experiential Considerations: Thoughts and Suggestions

Writing for publication is a personalized process that requires one to be aware of many informational considerations for success. However, some notable experiential considerations also affect this process in profound and significant ways.

As an initial experencial consideration, one should know the typical audience for which a professional outlet is geared and determine whether that outlet corresponds to the nature of the manuscript prepared for submission. For example, one may have an idea they wish to express as a professional commentary that could stimulate dialogue among colleagues and possibly lead to formal research efforts. However, they may seek a publication outlet that is geared to publish primarily data-based research findings. Such a decision may lead to great discouragement and frustration simply because the author selected an inappropriate outlet for their work. Regardless of attempts to do otherwise, letters from editors expressing their regrets about having to reject a manuscript are disturbing and even painful. The unfortunate reality is that such an outcome can be avoided by having sufficient information about the nature of the publication and its readership to "hedge one's bets" at successful publication. Thus, an understanding of the nature of the professional outlet to which one's materials are submitted can have a significant impact on one's attitude of expecting success.

A second experiential consideration is related to the outcomes of editorial review. A significantly small number of manuscripts are ever submitted for publication and examined under refereed scrutiny to then result in "Accept As Is" status. Essentially, the process of writing for publication is a learning experience featuring successive approximations that ultimately lead to a manuscript deemed acceptable for distribution in a professional outlet (McGowan, 1992). In this respect, ambitious authors must develop a strong, tolerant, and resilient ego for their efforts. Most professional outlets have an acceptance rate of less than 50%, with some as low as 15%. Thus, the competitive nature of writing for publication necessitates that one accept that failure (or at least "postponed success") is a real possibility. Hence, writing for publication demands a balance of personalized passion but detached realism in one's attitude, a combination not easily achieved.

Authors often find the experience of writing as a co-author to be helpful and educational. When successful, a co-author relationship for a novice author can be a very beneficial way of being oriented and/or mentored by a seasoned writer accustomed to the attitudinal, informational, and experiential considerations of writing for publication. However, despite the best of intentions to develop co-author relationships that feature symmetry in work load and duties, most co-author arrangements feature inevitable inequities. Many find their initial exposure to such inequities to be frustrating, possibly leading to a decision to abandon the publication effort. This is an unfortunate and an unnecessary outcome of co-author relationships. Most successful co-author relationships are forged over time with both/all participants negotiating for symmetry in **subsequent** efforts (i.e., taking turns with the majority of the work). In this way, the collegiality and learning fostered in the co-author relationship is not sacrificed.

Another experiential consideration for those wishing to become successful in writing for publication is to secure reliable, skilled, **and honest** editorial help. One of the least helpful activities among colleagues or friends is "polite review" of a manuscript. If one is seeking **assistance**, one should request and expect assistance that will feature suggested changes, possibly even of an extensive nature. By contrast, if one is seeking **assurance**, a "polite review" from a colleague or friend featuring few, if any, suggested changes, followed by harsh "rejection" or a recommendation for a comprehensive revision by an editor serves only to heighten the discouragement of an editorial review. In a real way, **assurance** accompanies **assistance** when seeking an opinion from a colleague or friend prior to submitting a manuscript for editorial review.

A final experiential consideration is related to the initial attitudinal item noted in this article: writing as a process rather than as a task. Authors should avoid creating situations in which they must produce under pressure from constraints such as editor deadlines or job expectations. Because writing is a creative process, it must emerge and unfold, often when one is removed from the tedium of developing a draft document for later revision. Some authors find it quite helpful to create an entire draft of a manuscript then not examine the document for an entire day or longer. The freshness of "new eyes" or a "rested brain" often serves to expedite the process of creating a final product much more than continually pushing for an eventual product. Again, one should understand that writing for publication is quite different from developing a report; the latter is a task while the former is a work of personal pride.

Closing Thoughts

These notions and suggestions for successful submissions for publications are neither definitive nor exhaustive. Rather, they are intended to serve as guidelines and prompters for those considering writing for professional publication. In a real way, writing for publication is a method of extending one's self beyond the typical sphere of one's practice to introduce a novel and challenging component of one's personal and professional development. The axioms of "Publish or Perish" and "Write or Wither" both suggest writing for publication as a task one undertakes to **avoid** an otherwise disastrous outcome. As a substitute, aspiring authors are urged to consider the axiom of "Enjoy the Ride" as a realistic and meaningful theme for their efforts. To you, I say "Walk Softly and Carry a Large Thesaurus!"

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Comments About The Publication Processes From *ALCA Journal* Editorial Board Members

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I remember vividly twelve years ago, when I submitted a manuscript to a state journal and received the letter of rejection. I had just graduated from a doctoral program and my dissertation advisor co-wrote this manuscript with me. The review for me was devastating, and for him, it was just another rejection. He had written several books and had served on the editorial board of several national journals. Much later, I bolstered the courage to make the corrections and resubmit to the journal. The manuscript was accepted with revision and later published.

In reviewing Allen's article, it brought back old memories. I went through the "I wish I had these guidelines when I first started" phase. For me it is a comprehensive guide. I literally took notes while I read the article. It has energized me in that I have taken out my research file again. I have reworked a questionnaire that I plan to administer in order to do a companion study with my "research partner" in another state. The point I want to make here is that the article is very timely, and it hits the right spots.

As an editorial board member, I cannot stress the importance of first reading the guidelines written by the journal in which you plan to publish, and concentrating on the "unpublished guidelines." These are really the things that determine whether a publication is successful or not. Transitioning statements – the flow or smoothness of thought from one paragraph to the next, spelling, grammatical errors, repetition of phrases or certain connecting words are all issues that relate to the content of one's manuscript. Finally, invest in a "reliable, skilled and honest" colleague for some assistance, and refer to this lead article if you have to.

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Allen Wilcoxon's article contains some of the best advice for professional publication that I have ever read. In the past seven years, I have attended nearly a dozen presentations at professional counseling conferences on the topic of publishing in professional journals. Wilcoxon's "notions and suggestions" provide a rich, concise summary of the lessons I have learned over the years, and prospective authors would be well served by considering his recommendations.

Of the various topics Wilcoxon addresses, the importance of a positive attitude toward the publication and professional presentation process cannot be emphasized enough. The writing process, in particular, is significantly more rewarding when viewed as a "Write and Enjoy" rather than a "Publish or Perish" endeavor. I couldn't agree with Wilcoxon more regarding his insights about what it takes to endure the road to professional publication: "A perspective of committed diligence, tempered with realism and grit, can often create the energy necessary to develop a document with personal significance."

I would like to briefly address and expand upon a couple of the points raised in Wilcoxon's article. As Wilcoxon explains, although the content of a manuscript or presentation proposal is, by far, the most important quality that is considered during the editorial review process, authors should not underestimate the attractiveness of the presentation. Adhering to stylistic concerns (e.g, grammar, spelling, punctuation) and preparing manuscripts according to a journal's "Guidelines for Authors" is a very important part of the process. It always surprises me when I review a manuscript for a journal and immediately realize that the authors have neglected to prepare the manuscript according to author guidelines. It isn't as if such guidelines are hard to find; they're in almost every issue of the journal! Prior to submitting a manuscript to a journal editor, make sure that you have read and re-read the guidelines for submission, and ensure that the manuscript you are about to submit is prepared accordingly.

Despite some of the challenges associated with collaboration in the publication process, I would like to encourage prospective authors to seriously consider co-authorship of an article or presentation. This is an especially useful approach to publication for new authors. Writing an article with one of your colleagues who has published some of his or her work previously can help you learn additional "tricks of the trade" and can greatly demystify the publication process altogether. Of course, it is important at the onset of a collaborative endeavor to discuss order of authorship, expectations of each contributor, and responsibilities for carrying out the various phases of the project. Doing so will help you to eliminate many of the "unfortunate and . . . unnecessary outcome[s] of co-author relationships" referred to by Wilcoxon.

Counseling professionals, especially those who perceive themselves primarily as practitioners, play a critical role in bridging the gap between theory, research, and practice in our field. I hope that readers of this issue will realize the importance of all members of our profession sharing their insights, perspectives, and lessons learned by engaging in the publication process.

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A submission for publication in the *ALCA Journal* should reflect the following:

1. Strict adherence to the *Publication Manual of the American Psychological Association*. This is the essential road map for serious publication in psychology and counseling.
2. In research articles, it's important to know how to act when the hypothesis is not supported by data. I recall an article submitted for publication which contained a wonderful theory as to how the archival data would respond. The review of the literature was extensive and seemed to support the writer's assertions. But the data used in the study failed to live up to the writer's expectations. The result was a weak and lifeless discussion and conclusion. In reporting research it is important to achieve balancé. Each section should complement the others.
3. Typographical, punctuation, and spelling errors are indefensible. Excessive use of jargon or pretentious language is equally objectionable. The key concern of the writer should be the readability of the article. The listed errors create distraction.

Finally, the purpose of the editorial review board is to assist writers who wish to publish in *The ALCA Journal*. It is a process involving the editors, the editorial board and the author. Publication is most often a product of revision with assistance.

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Dr. Wilcoxon does an excellent job of providing insights and recommendations concerning the process of writing for publication. One point that comes through strongly is that this process requires both persistence and patience. It is important in developing and writing manuscripts that the author(s) be prepared to write and re-write the manuscript. This often means that you need to rely on colleagues to read works in progress and provide constructive feedback. As a last point you may ask a friend or colleague unfamiliar with your subject to read the article, for they can often tell you how easy it is to follow or understand. These outside reviews are essential for as we become familiar with a subject or the content of our article we often overlook areas such as information about data collection, correct citations, or aspects about the introduction. As Dr. Wilcoxon suggested, this time commitment and need to attend to the details leads many to consider co-authorship as a method for developing and writing manuscripts. This allows authors to share strengths and balance weaknesses or time limitations.

An important point raised by Dr. Wilcoxon is that with this process comes rejection and the almost more dreaded "revise and resubmit." Many authors are put off by the latter, seeing this as a rejection or an insurmountable task. However, all authors have been rejected at some point, and most of the publications currently in print were originally revise and resubmits. The important thing is to spend time reading the reviewers' comments. Initially, make those changes that are easiest and may include points such as adding additional information, correcting typos, or changing citations. Then tackle the more difficult changes. If you read a difficult point you may want to discuss or get clarification from the editors about the changes. One important part of the resubmission process is writing a detailed letter to the editors addressing the ways in which you have revised or addressed the recommended changes. This may include specific references to pages or significant changes in the manuscript. This may also include your reasoning if you did not make a specific recommended change. Finally, don't put the process off. The further you get away from re-writing, the more difficult it will be to address the changes and stay motivated. Remember, the revise and resubmit is intended to clarify that the article could be published and does have value.

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When A Well-Published Author Advises, People Listen!

Dr. Wilcoxon is one of the more well-published authors that we have in the state of Alabama, and if his method works well for him, then one who is interested in publishing is well-advised to consider seriously Dr. Wilcoxon's suggestions. His helpful article is thorough, well-documented, well-written, reflective, practical, and motivating. These characteristics have permeated the more than 100 journal articles which he has published in the last several years.

As one of the members of the editorial review committee for *The Journal*, I would like to offer my top ten suggestions along with some "do's and don'ts" for submitting a manuscript which makes an optimally positive impression.

Top Ten Tips From One Reviewer's Point Of View

1. Write your article with the readership of *The Alabama Counseling Association Journal* in mind.

DO customize your tone with use of examples or implications for practice so that the members of the Alabama Counseling Association and other subscribers find that your work speaks directly to them.

DON'T submit a term paper or a manuscript or document which you used for another purpose and routed it, uncustomized, to *The Journal* editors, assuming that a paper is a paper. Target your audience. Know your readership.

2. Make your article sparkle.

   DO use an appropriate title, abstract, introductions, transitions sentences, topical sentences, headings, etc., which draw the reader in. Keep your reader engaged without compromising the elegance of your thoughts.

   DON'T make sweeping generalizations, opinions stated as facts, unsubstantiated claims, or pronouncements.

3. Make sure your citations match your references.

   DO cross reference your citations in your final article with your reference page; the reviewers will do the same.

   DON'T assume that this is not important. You have more control over the written word than most other things in life, and an error like this is truly avoidable.

4. Include citations which are current.

   DO review the up-to-the-date literature and build a case for your thoughts including them. Older, more classic citations are OK too, but do a recent review.

   DON'T submit a manuscript that you wrote, say, for a class four years ago without doing an updated literature review.

5. Write a paper that has meaning for you.

   DO contribute work that has been important to you, something that you've worked on passionately, something that may have been an important part of the last several years of your personal or professional development.

   DON'T submit a personal catharsis paper unless you name and claim that it is a personal reflection piece. A personal catharsis paper cannot masquerade as scholarly prose without credible review of the literature, somewhat conventional format, research design, etc.

6. Conceptualize your paper within the boundaries of our profession's code of ethics.

   DO be familiar with the ethical code and what effect your manuscript might have on the ethical decision-making of more, or sometimes less, informed or experienced readers.

   DON'T ask *The Journal* to be a carrier of your personal agenda, if your agenda is contrary to the ethical values of inclusion, multicultural counseling principles, etc.

7. Find your voice and stay consistent.

   DO establish what voice from which you are writing. For example, are you writing to inform or educate, to clarify, to refute, to challenge, to stimulate a new way of thinking about an old problem? Are you writing from the voice of, say, an advocate, a feminist, an elder member of our profession, a researcher or scholar?

   DON'T try to be all things to all people in your article.

8. Submit your work even if you are unpracticed in publishing or unsure of its readiness for this journal.

   DO view the process as free consultation and editorial assistance which will only strengthen your final paper. View it as a developmental process, both of your paper and of you as an emerging or aging writer.

   DON'T let one rejection or one criticism put the brakes on your publishing career. Remember that your reviewers don't know who you are in the blind review process – it's not personal. And keep in mind that some reviewers can be more or less facilitative with the way in which they offer feedback.

9. Proofread, proofread, proofread.

   DO proofread.

   DON'T forget to proofread.

10. Listen carefully to the recommendations of the "Dr. Wilcoxons" of the publishing field.

    DO identify the authors whose work that you like and respect and consider emulating those writing strategies.

    DON'T forsake your own uniqueness and qualifications to contribute to the field through publication by only mimicking others. Retain your originality and style while learning from others who have been successful.

Interpersonal Process Recall and Solution-Focused Process Recall In the Supervision of Counselors

BASILIA C. SOFTAS-NALL, CHRISTINE A. BREIER, AND TRACY D. BALDO

An overview of the Interpersonal Process Recall Procedure and a Solution-Focused Process Recall technique for supervision are presented. Implications for supervisors are discussed.

When working with counselors in supervision, the counseling process may be facilitated by having the supervisor meet with the client. An effective procedure has been the interpersonal process recall (IPR) (Baker, Daniels, & Greeley, 1990; Bernard, 1989; Kagan & Kagan, 1990; Kagan, Krathwohl, & Miller, 1963). Another supervision intervention involves a variation of the IPR procedure using the solution focused paradigm (e.g., deShazer, 1985, 1988, 1991; O'Hanlon & Weiner-Davis, 1989) and the solution focused supervision concept (Juhnke, 1996; Thomas, 1994; Wetchler, 1990).

The purpose of process reviews is to develop ways in which supervisors can be facilitative to both the client and the counselor, as well as the counseling process before termination. The IPR procedure or the Solution-Focused Process Review (SFPR) could be particularly useful to supervisors in that such methods offer structured ways to engage with the client while the counselor is present or behind a one-way mirror. Using these procedures, the client is encouraged to express the extent to which his or her counseling needs are being met. The purpose of these procedures is to provide an opportunity for the counselor to receive feedback which can be used in supervision to enhance counseling skills and deepen the counseling relationship.

Overview of the IPR Procedure

The IPR procedure has been a supervision method developed and used to review recollections, thoughts, and feelings during a counseling session (Baker et

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al., 1990; Bernard, 1989; Kagan & Kagan, 1990; Kagan et al., 1963; Ramsey, 1990). Goldberg (1967), Spivack (1970), and Gold (1977) compared IPR with other supervision methods and the results significantly favored IPR (Baker et al., 1990). The IPR procedure has been highly acclaimed, and each year an international IPR conference is held in Oxford, England (Kagan & Kagan, 1990). Kagan and Kagan (1990) in their publication, "IPR - A Validated Model for the 1990s and Beyond," as well as Baker et al.'s (1990) meta-analytic review, support the IPR as an effective supervision procedure.

There are three reported variations of the IPR procedure. In one the supervisor meets alone with the client to review a video tape of one of his or her counseling sessions. This session is either video or audio taped with the client's consent for the counselor to review. The supervisor encourages the client to stop the videotape of the counseling session and discuss unexpressed feelings, thoughts, and perceptions (Ramsey, 1990). The counselor then reviews this recall session before meeting with his or her supervisor. In the second form of IPR, the supervisor conducts an IPR procedure with the counselor alone by reviewing the videotape of the counseling session. Again the focus is on unexpressed feelings, thoughts, and perceptions during the counseling session. In the third form of IPR the supervisor conducts an IPR procedure with the client and counselor together. A variation on this latter version is for the supervisor to conduct the IPR procedure with the client while the counselor, with the client's consent, goes behind a one-way mirror to observe. When the supervisor has completed the IPR procedure with the client, the counselor returns to the counseling session to process the IPR procedure with the client. It is this variation which has been used effectively in an accredited counselor education program in the Rocky Mountain Region.

Steps in Conducting an IPR

Conducting an IPR procedure in this training program is a step-by-step process. Initially, the client is informed by the counselor of the upcoming IPR session by saying, "In our next session my supervisor will be coming in to review with you how this counseling experience has been. At that time, I will be observing behind the mirror. When my supervisor is finished, we can complete our counseling session." The day of the IPR procedure, the counselor introduces the supervisor to the client, leaves the room, and goes behind the mirror. In a facilitative, non-judgmental manner, the supervisor proceeds to inquire about the counseling experience of the client. (See Table 1 for examples of IPR questions).

The role of the supervisor is to clarify, validate, and facilitate the client's responses to the questions by establishing a working relationship that is both supportive to the client and the counselor. When the supervisor finishes the IPR procedure, the counselor and the client process the experience. Both the client and the counselor have the opportunity to express their feelings and reactions to the IPR. This entire IPR procedure typically lasts fifteen to twenty minutes. When

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TABLE 1.
Interpersonal Process Recall Example Questions

1. What was your reaction to your counselor when you first began with him or her?
2. How would you describe your level of trust with your counselor?
3. Are there things that you would like to talk about with your counselor that you haven't felt ready to bring up yet?
4. What are the two qualities of your counselor that you find help you the most?
5. If you could suggest one thing your counselor might add or do differently, what would it be?
6. When was the time that you felt the closest to your counselor?
7. When was the time that you felt the most distant from your counselor?
8. Do you feel understood by your counselor? What are specific things that she or he does to help you feel this way?
9. Tell me about a point at which you felt angry or frustrated with your counselor.
10. If you had to pick one session that stood out to you the most, which one would it be? Why?

(WELCH, GONZALEZ, & SHAW, 1993)

the counseling session ends, the supervisor and counselor reflect upon the IPR and set goals to enhance future work with this client as well as to develop the counseling skills of the counselor.

Overview of the SFPR Technique

The SFPR technique, a modified version of the IPR procedure, appears to have been effective in the training of counselors at an accredited counselor training program in the Rocky Mountain Region. The SFPR technique includes solution-focused questioning, scaling, exceptions, and miracle questions (deShazer, 1985, 1988, 1991; Juhnke, 1996; O'Hanlon & Weiner-Davis, 1989). The SFPR technique, like the IPR procedure, is designed for the supervisor and counselor to inquire as to whether the client's goals are being met in counseling. Furthermore, SFPR offers an opportunity for both the client and the counselor to change the course of counseling.

A goal in solution-focused therapy is to construct solutions in collaboration with the client (de Shazer, 1985; O'Hanlon & Weiner-Davis, 1989). Likewise, in using a SFPR technique, the supervisor's goal is to develop solutions with the client that will be facilitative to the counseling process.

The solution-focused supervision model, rather than being problem-oriented, is based on what supervisees do effectively in counseling (Juhnke, 1996; Wetchler, 1990). By focusing on what counselors do effectively, counselors can develop a positive sense of themselves as therapists, a practical approach for working with clients, and a sense of what additional skills they need to develop.

Organization of the Solution-Focused Process Review

Before an SFPR technique is used, the client is informed that the supervisor will be visiting with him or her to review the counseling process. The counselor may be present in the room or behind a one-way mirror. When the counselor is present in the room, he or she can be actively involved in the SFPR technique. It is recommended that this process occur at the anticipated midpoint of therapy. The day of the SFPR, the counselor introduces his or her supervisor to the client and either stays in the room or informs the client that she or he will be observing behind a one-way mirror.

The first part of an SFPR technique focuses on what has been going well for the client in counseling. The purpose of such focus is for the supervisor to reinforce the client and counselor by considering what has been effective. This is accomplished by drawing from a pool of solution-focused questions. The second part of an SFPR technique focuses on what the client would like different for the rest of the sessions. This has a dual purpose. The first purpose is to assist the client in becoming clearer on his or her expectations and goals for counseling. The second purpose is for the counselor to receive feedback which can be used to maintain what has been helpful, to change what needs to be different, and to develop new skills to assist the client. (See Table 2 for sample solution-focused questions).

TABLE 2.
Examples of Solution-Focused Process Recall Questions

Part 1:

1. What has been helpful for you in the counseling process?
2. What is different for you from the time you began counseling?
3. What have you observed yourself to be doing differently in the counseling sessions or in your life outside of counseling sessions since you began counseling?
4. What has been facilitative for you in this process?
5. What has your counselor done/said that you have found helpful/facilitative so far?
6. Can you give me an example of something your counselor did/said that was helpful to you? What about it made it helpful?
7. Can you give me an example of something helpful/useful that happened for you in counseling?
8. On a scale of 1 to 10, with 1 being the time that you thought you needed to see a counselor and 10 being the time that you think you can handle this issue without needing counseling, where were you when you first came in?
9. Using the same scale as the previous one, where are you now in terms of handling the issue for which you came to counseling?"

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TABLE 2 (Continued)

Part 2

1. What will you like to see different between now and the end of counseling?
2. What will be happening to make this happen?
3. What will you be doing differently in these sessions?
4. What will your counselor be doing differently?
5. How will it look at the end of counseling?
6. How will you know when you got there? How will your counselor know when you're there?
7. What will it look like to your counselor?
8. What will be the first indication that you are headed in that direction?
9. What will be the first indication to your counselor that you are heading in that direction?
10. How will I know from behind the mirror that your counselor is heading in the direction that you need him/her to be going?
11. What will be the first indication that I know you are going in your desired direction?
12. When have you seen yourself heading in your desired direction? What did it look like?

(WELCH, GONZALEZ, & SHAW, 1993)

During this SFPR technique, the supervisor tracks and normalizes client responses. At the end, the supervisor compliments both the client and the counselor for their work in order to reinforce a sense of competency by the client and the counselor. By doing the SFPR technique, both the counselor and the client may feel empowered to maintain their progress and to develop new skills. Feedback from counselors-in-training and clients has been positive in regards to the use of the SFPR technique as a supervision intervention. The SFPR technique has been especially beneficial to beginning counselors and counselors-in-training. The SFPR technique, unlike the IPR procedure, has not been empirically researched. It is recommended that research examine the validity of such a method.

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Predictors of Job Satisfaction Among Alabama's Public Rehabilitation Counselors

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The job satisfaction of 75 rehabilitation counselors working for the state/federal rehabilitation agency in Alabama was measured using an adapted version of the Minnesota Satisfaction Questionnaire. Stepwise multiple regression analysis revealed that three sets of work behaviors (conscientious, initiative, and cooperation) were significant predictors of the counselors' job satisfaction. These sets of behaviors accounted for 34% of the variance associated with job satisfaction. Implications and suggestions for supervisors of rehabilitation counselors in the public sector are provided.

In the business field, job satisfaction has been investigated extensively since the 1930s (Butler, 1990). In fact, published studies of job satisfaction number more then 3,000 (Mitchell & Larson, 1987). These inquiries have linked job satisfaction with employees' efficiency, coworker relations, absenteeism, turnover, and productivity (Butler, 1990; Furnham & Schaeffer, 1984; Houser & Chace, 1993; Iffaldana & Muchinsky, 1985; Locke, 1976, Mirvis & Lawler, 1977; Mowday, 1981; Petty, McGee, & Cavender, 1984; Porter & Steers, 1973; Scarpello & Campbell, 1983; Smith, Organ, & Near, 1983).

Job satisfaction has been defined in a number of ways. Schermerhorn (1986) defined job satisfaction as the extent to which a person feels positively or negatively about assorted facets of a job, including designated tasks, the work environment, and affiliations with co-workers. Locke (1976) defined job satisfaction as a pleasurable or positive emotional condition resulting from an assessment of one's work or work experience. Milburne and Francis (1981) proposed that job satisfaction occurs when employees' expectations of work are met through the various aspects of their work environments.

Herzburg (1968) reported that an individual's level of job satisfaction is influenced by two different factors labeled "satisfiers" and "hygenic." These factors, in turn, have been correlated with Maslow's hierarchy of needs (Maslow, 1954)

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which proposes that individuals move toward self-actualization when lower order needs (e.g., physiological, safety, security, and belonging) have been met (Wright & Terrain, 1987). For example, achievement, recognition, the nature of the work itself, responsibility, advancement, and opportunities for growth are "satisfiers" which relate to self-actualization. Hygenic factors which relate to job satisfaction are company policy and administration, relationship with supervisors, levels of supervision, work conditions, salary, relationships with peers and subordinates, status, and job security (Herzberg, 1968).

Dawis, England, and Lofquist (1964) developed the Minnesota Theory of Work Adjustment which defined job satisfaction as a function of the relationship between the reinforcers (e.g., praise, potential for growth) of the work environment and the worker's needs, provided that the worker's abilities meet the ability requirements of the work environment. The greater this relationship, the more satisfied the worker will be. Based on this theory of work adjustment, individuals are more likely to remain in a job when their abilities have been matched to the job and their needs are met within the work environment. In this regard, job satisfaction can be used as one way of determining the "fit" between the work environment and workers' needs (Dawis, England, & Lofquist, 1964).

Little research has been conducted to examine the job satisfaction of rehabilitation counselors. Yet, it has been long recognized that individuals who work in public rehabilitation often experience factors which lead to job dissatisfaction, such as burnout, role conflict, role ambiguity, and low salaries (Jenkin & Kelz, 1973; Miller & Muthard, 1965; Wright & Terrain, 1987). Wright and Terrain (1987) examined the overall job satisfaction of 757 rehabilitation counselors using the Rehabilitation Job Satisfaction Inventory (RJSI) and found that the counselors studied were more satisfied with the nature of the work itself than they were with such areas as administration, work environment, and supervision.

Personal and worker characteristics which may contribute to overall job satisfaction have not been studied among rehabilitation professionals, even though knowledge of these factors may assist public rehabilitation agencies in creating a more meaningful "fit" between the worker and the work environment. Satcher and McGhee (1996) studied predictors of organizational commitment among rehabilitation counselors and found that age, conscientiousness, initiative, cooperation, and years having worked for their agency were positive predictors of the counselors' emotional commitment to the organization.

The purpose of the current study was to investigate job satisfaction among Alabama's public rehabilitation counselors and to determine if variables predictive of emotional attachment would also predict job satisfaction. The following hypothesis was tested: Age, education, certification status, years having worked for the agency, conscientiousness, initiative, cooperation, and attendance/punctuality will not be significant predictors of the job satisfaction of Alabama's public rehabilitation counselors.

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Methodology

Participants

The participants were 151 rehabilitation counselors working for the public state/federal rehabilitation program in Alabama. These counselors were identified through a directory of personnel employed by the agency. Permission was granted by the director of this agency to conduct the study. Each counselor was mailed a cover letter asking for his or her participation along with a copy of the survey instrument. Seventy five counselors returned usable surveys for a response rate of 50%.

The number of years the counselors had worked with the agency ranged from three months to 28 years with a mean of 10 years. They ranged in age from 26 to 66 years with a mean of 43 years. The majority of counselors (85%) reported having a master's degree or higher. Twenty five percent of the counselors reported being Certified Rehabilitation Counselors (CRC). Because they were not included as variables of the study, no information was gathered regarding the gender and race of the counselors.

Instrumentation

Job satisfaction was measured using an adapted version of the short form of the Minnesota Satisfaction Questionnaire (MSQ) (Weiss, Dawis, England, & Lofquist, 1967). This instrument has an extensive history of use as a measure of overall job satisfaction in the business field. Cook, Hepworth, Wall, and Warr (1981) described the psychometric properties of this instrument, reporting reliability coefficients ranging from .63 to .92. Persons completing this questionnaire are asked to give their feelings about a series of items (e.g., the chance to work alone, the chance for advancement on the job) using a 5-point Likert scale ranging from 1 = "Very dissatisfied" to 5 = "Very satisfied."

Cook et al. (1981) reported that some features of the MSQ might not be universally valued and recommended that some items might need to be amended. For the current study, the instrument was adapted by the deletion of four items from the original instrument. These items were deleted because they appeared outdated (e.g., the way my boss handles his men) or did not appear relevant to rehabilitation counseling practice (e.g., the chance to tell people what to do). With the deletion of these four items, possible scores could range from 16 - 80. The effect of the deletion of these items on the reliability of the instrument was assessed using Cronbach's Alpha. The reliability of the adapted instrument was .87.

Results

The mean level of job satisfaction reported by the counselors was 72.10 (SD = 10.47). The data were analyzed using stepwise multiple regression analysis to identify those variables which were significantly predictive of job satisfaction. The results of this analysis can be found in Table 1. The worker characteristics conscientiousness, initiative, and cooperation were significant predictors of job satisfaction. As a set, these three variable accounted for 34% of the variance associated with job satisfaction.

Table 1.
Predictors of Job Satisfaction

Conscientiousness	4.49	1.43	.31	3.12**
Cooperation	3.08	.89	.35	3.44**
Initiative	1.94	.86	.22	2.23*

$*p < .05$, $**p < .01$

Discussion

The purpose of this study was to investigate selected personal and worker characteristics of public rehabilitation counselors to determine which are predictive of job satisfaction. While Satcher and McGhee (1996) found that age was a significant predictor of rehabilitation counselors' emotional attachment to their organizations, no personal characteristics of the counselors participating in this study were found to be predictive of job satisfaction.

For the counselors in this study, work behaviors appeared to be most predictive of the extent to which they were satisfied with their jobs. Cooperation, which includes sharing knowledge and information with other and offering work suggestions to others, was the strongest predictor of job satisfaction. The higher the counselors rated themselves on cooperataive behaviors, the higher were their levels of job satisfaction. The next strongest predictor of job satisfaction was conscientious, which includes such behaviors as paying attention to details at work and having a concern for quality. The more the counselors reported that these behaviors were representative of their work, the greater were their levels of job satisfaction. The last significant predictor, initiative, includes such behaviors as giving of personal time to the agency and willingness to take on extra responsibility. Higher reported levels of initiative were reflected in higher levels of job satisfaction.

Job satisfaction is a complex fit between the worker's needs and his or her environment. This study focused on the personal and worker characteristics of public rehabilitation counselors and found that worker behaviors were most predictive of the counselors job satisfaction. The implication of this finding is that changes in the work environment so that positive worker behaviors are reinforced may increase the job satisfaction of rehabilitation counselors who are dissatisfied with their jobs. For example, offering rewards (e.g., in the form of positive verbal reinforcement or letters to the counselor from administrators) for attention to details and quality of casework might increase overall job satisfaction. Similarly, providing both formal and informal rewards (e.g., reduction in caseload, awards, letters of commendation) for initiative and cooperation might enhance job satisfaction.

This study was limited in that it was an ex post facto study which only measured what existed at the time of the study. Specific recommendations for practice would be inappropriate without the use of an experimental design. The impact of suggestions for practice should be measured using a pretest, posttest design. Replication of the study would also be limited in that no information was gathered to describe the sample in terms of gender and ethnicity.

Summary

The results of this study of job satisfaction among public rehabilitation counselors in Alabama indicate that certain behaviors are important predictors of the counselors' overall job satisfaction. Because job satisfaction has been linked to higher levels of productivity, supervisors of counselors in public rehabilitation agencies are encouraged to investigate ways in which conscientiousness, initiative, and cooperation may be rewarded.

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Mental Health Counseling in Rural Appalachia

DALE V. WAYMAN

Counseling in rural Appalachia is an experience in cross-cultural counseling. Professional competence in this environment requires a counseling style that is congruent with rural Appalachian culture. Suggestions are made to facilitate understanding of persons of the rural Appalachian culture and to enhance delivery of counseling services.

Many non-Appalachian mental health counselors who work with Appalachian populations recognize that they are engaging in cross-cultural counseling (Keefe, 1988). Even though counselor education with a rural focus has become more recognized by professionals (Merwin, Goldsmith, & Manderscheid, 1995; Center for Mental Health Services, 1997) literature and training concerning issues relevant to counseling with Appalachians is sparse (Keefe, 1988). Characteristics of rural populations as they pertain to Appalachian populations will be described in this article.

There is a general consensus that the term "Appalachian people" refers to those that live in the Appalachian mountains or the surrounding foothills of the eastern and southeastern parts of the United States. However, definitions of the term "rural" vary. For the purposes of this article, rural will be associated with areas of small and sparsely settle population and remote location (Shelton & Frank, 1995).

According to the 1990 national census, Alabama had a population of 4,040,587 inhabitants. Sixty percent of the state's citizens lived in cities, towns, and villages of more than 2,500 people (Encarta, 1997). Thus, approximately 1,600,000 residents live in rural areas. The Appalachian region in Alabama comprises much of the northern half of the state in a northeast-southeast direction (Encarta, 1997). Many persons, and potential clients, residing in areas of northern Alabama may be influenced by Appalachian culture.

Characteristics of Appalachian Culture

Observers of Appalachian culture have found distinctions in rural Appalachia that are dissimilar to other rural areas of the United States. The following characteristics of typical Appalachians warrant consideration of counselors who work with this population.

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1. Individualism encompasses feelings of self-sufficiency and strong family pride (Plaut, 1988). This individualism, however, co-occurs with the ethic of equality. In Appalachia, hierarchies create problems. Rural communities operate better when no one thinks of him or herself as superior to others (Hill & Fraser, 1995).

2. Often, rural Appalachian live outside of metropolitan areas and seldom travel to those areas. Newspapers, radio and word of mouth provide most Appalachians with information (Beltrame, 1978). Rural dwellers do not have many ties to urban centers and are less likely to use urban services than their urban counterparts (Blank, Fox, Hargrove, & Turner, 1995).

3. It is common for the rural Appalachian to believe that the personality is determined by God and that only God can change an individual (Hill & Fraser, 1995). Further, it is hypothesized that religion serves to provide alienation from self and social recognition for rural Appalachians (Photiadis & Schnabel, 1977).

4. Typical rural Appalachians maintain the standards of a nuclear family and expect a high level of support from family (Blank et al., 1995). There is strict obedience to parents, conformity to local mores, consideration of others, dependability, and other conservative standards found among rural Appalachians (Peters & Peterson, 1988).

5. History has taught Appalachians that outsiders typically control and exploit them (Beaver, 1988). Professionals, liberal ideas and new technologies are often met with skepticism (Hennon & Photiadis, 1979).

6. Poverty is a sad reality for many rural Appalachians (Burns, Burke, & Ozarin, 1983; Keefe, 1988). Rural areas are more vulnerable to changing political climates that non-rural areas (Blank et al., 1995). Appalachian areas are the most poverty stricken within the United States.

It is advantageous for the mental health counselor to be familiar with these six common characteristics of rural Appalachians. One must also consider other issues in counseling this population.

Traditional counseling methods are inappropriate in the rural culture (Paulsen, Jane, 1988) because they are based on the medical model (Cottone, 1992) which viewed the counselor as an expert. This conventional mental health treatment model placed the counselee in an inferior position and increased stigma. Due to the possible past misapplication of the medical model in counseling, some rural residents may have and may now avoid counseling. They may believe that the inequality inherent in this model continues to be used by many contemporary counselors.

To recognize the egalitarian society is pivotal to counseling this population. It could be detrimental for a counselor to quickly establish norms for those counseled without considering local standards. Adams and Benjamin (1988) suggested that mental health counselors who originate from the same (or similar) rural community are most effective. Also, due to this egalitarian ethic, it would not be unusual for a counselor to be consulted informally when out of the office (Adams & Benjamin, 1988), with professional consultation arising after being accepted by the community (Merwin et al., 1995). Further, case management may take a more prominent role for the rural counselor (Shelton & Frank, 1995).

Written contracts, standard forms, expectations, and strictly held appointments may not be easily accepted by Appalachians. It appears that Appalachian society could be viewed as a high context culture. This type of culture places a greater emphasis on verbal contracts, a less clear distinction between counseling and social relationships (Jackson & Hayes, 1993), and a polychronic rather than linear conception of time (Plaut, 1988). Rather than relying on written information, a counselor may need to establish binding verbal contracts and not always adhere to starting and ending appointments on time.

Understanding other dichotomous views of culture invites recognition that the Appalachian culture is Afrocentric rather than Eurocentric. Afrocentric cultures stress ideals of cooperation and equality of all people (Cheatham, 1990), ideals common to the Mexican-American and Native-American cultures of the United States (Jackson & Hayes, 1993). When counseling in the Appalachian culture, it would be advantageous for the counselor to help clients understand how their behavior may cause interpersonal problems. It could be that their conduct is dissimilar to these Afrocentric ethics of cooperation and equality.

Ideas of equality and cooperation also lead Julie Paulsen (1988) to recommend that counselors help develop social supports for the client as well as using natural helper systems found in the community. Some of these natural helpers in Appalachian communities have been family members, ministers, chiropractors, veterinarians, general practice physicians, and peer counselors (Hill & Fraser, 1995).

Wesner, Patel, and Allen (1991) exemplified sensitivity to Appalachian cultural factors in their article on explosive rage. These authors discussed the non-Appalachian expectation that men who destroy property proceed to batter women. This prediction was not appropriate for Appalachian men. Rather, their research demonstrated that if an Appalachian man destroyed property, he was less likely to batter his spouse. To insist that he quit destroying property might upset the homeostasis of the relationship, leaving the man emasculated and without a cultural way to communicate, "I had to show her I was serious!" (Wesner et al., 1991, p. 240). Counselors in rural Appalachian culture are motivated to discover ways of maintaining cultural homeostasis and help men communicate the seriousness of their concerns without believing they have to destroy property or batter their spouse. A psychoeducational approach in counseling Appalachian men with explosive rage could help to maintain cultural homeostasis and reduce rage reactions in marriage (Wesner et al., 1991).

Effectiveness of counselors in rural Appalachian communities may be increased with visibility in the locale (Adams & Benjamin, 1988). Visibility is enhanced when counselors are involved in community concerns, events and religious services. Counselors in this social context are urged to take their counseling outside the setting of the office and advance the idea of counselors as being useful resources.

Polished advertising campaigns, lavish offices, expensive clothing, and rigid structuring of business hours could actually be detrimental to counselors in rural Appalachian communities. Counselors are to be seen as approachable people to be consulted as helpful friends. Anything that creates distance from rural Appalachian clientele should be avoided.

Conclusion

To understand characteristics common to Appalachian culture is crucial for counseling this population. It is vital that rural Appalachians be involved in the counseling field either professionally or as peer helpers. The ethic of equality is strong in rural Appalachia. Thus, an effective counselor will endeavor to remove barriers that appear to place the counselor in a superior position. Counselors in rural Appalachia may employ less traditional practices in counseling, such as leaving the office regularly to have higher visibility in the community. By increasing public visibility, perceptions are enhanced that the counselor is a useful resource, one who offers credible and meaningful services to Appalachians in need.

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Homosexuality and Disability: Considerations for Rehabilitation Counselor Pre-service Training

JAMIE S. SATCHER, KARLA CARMICHAEL, AND JEFF TODD

Because of societal oppression and bias, individuals in the early stages of gay identity development may be at risk for developing disabling conditions. Issues involved in coming to terms with self as gay have been linked to higher than average rates of suicide attempts, increased involvement in substance abuse, and participation in unsafe sexual behaviors which may place the individual at risk for becoming infected with the human immunodeficiency virus (HIV). Violence against persons known or assumed to be gay or lesbian may place them at risk for disabilities resulting from injuries received during physical attacks. The onset of disability may bring those who are gay or lesbian to the attention of rehabilitation counselors. Homophobia, heterosexism, and lack of exposure to gay issues during pre-service training may mean that rehabilitation counselors are not sufficiently prepared to address sexual orientation as an issue in clients' overall rehabilitation programs. This manuscript provides recommendations to rehabilitation counselor educators for including sexual orientation concerns in their training programs.

Persons with disabilities mirror diverse populations. Much attention has been devoted recently to the multicultural concerns of individuals with disabilities served by rehabilitation professionals. It has been reported that rehabilitation counselors often misserve nontraditional populations for many reasons including stereotypical assumptions about the potential of certain groups of consumers, lack of openness toward cultural and language differences, and an unwillingness to accept norms and values which differ from those of the professional (Alston & McCowan, 1994; Anderson, Wang, & Houser, 1993; Belgrave, 1991; Lam, 1993; Marshall, Johnson, Martin, & Saravanabhavan, 1992; Smart & Smart, 1992).

While most of the rehabilitation literature addressing multicultural concerns appears directed towards enhancing services for persons from varying ethnic and racial backgrounds, little attention has been given to a population whose unique-

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ness transcends many other identifiers of cultural difference. This group is gay and lesbian people with disabilities. Two recent articles (McAllan & Ditillo, 1994; Stuart, 1994) discussed rehabilitation counseling with persons who are gay or lesbian. These articles provide an excellent introduction to homosexuality by debunking myths and stereotypes and suggesting ways that rehabilitation counselors can promote a gay-friendly counseling environment. The current paper expands upon these previous works by describing stages in the attainment of a positive gay self-identity. It also examines developmental periods in the gay self-identification process in which persons who are gay or lesbian may come to the attention of rehabilitation professionals. Further, this paper provides recommendations describing how rehabilitation counselor educators can enhance student awareness of gay concerns.

Homosexuality

Gochros (1989) described three schools of thought regarding sexual orientation, with distinctions based on whether sexual orientation is viewed dualistically (either/or), existing on a continuum, or from a multidimensional perspective. The dualistic view is that sexual orientation is stable and develops at an early age. Individuals viewing homosexuality from this perspective believe that persons are either homosexual or heterosexual. For various reasons, however, they may engage in behaviors which are not consistent with their sexual orientation. Reasons for engaging in sexual behavior that is incongruent with sexual orientation include a desire to have children, social conformity, and denial. While sexual behaviors may vary, sexual orientation remains stable (Hammersmith, 1987; Stein, 1988).

A second view, which originated with the Kinsey studies of the 1940s, is that sexual orientation exists on a continuum from exclusively heterosexual to exclusively homosexual, with gradations in between (Gochros, 1989). These gradations are based on history and incidence of same-sex behaviors. For example, an individual would be considered exclusively homosexual if that person engaged solely in same-sex behaviors. Conversely, an individual who has engaged in only opposite sex behaviors would be considered exclusively heterosexual.

A third view of sexual orientation is that it is complex, involving behaviors, emotions, attitudes, self-identification, and lifestyle (Fassinger, 1991). From this perspective, many persons, at different times in their lives, experience same-sex thoughts, feelings, or behaviors. An individual could engage in same-sex behaviors without self-identifying as homosexual. Classification of an individual as either heterosexual or homosexual is viewed as simplistic and limiting (Gochros, 1984; Herron & Herron, 1996).

While recognizing that definitive research into sexual orientation is lacking, this paper is written from the dualistic point of view, as supported by Cass (1979), that sexual orientation is stable, identifiable, and not chosen. Behaviors which are not reflective of an individual's sexual orientation may be indicators that the person has not achieved a positive gay self-identity.

Homosexual Self-Identification

Attaining a positive gay self-identity is often a lifelong process. Cass (1979), in a landmark article, described this process as having 6 stages: (a) identity confusion, (b) identity comparison, (c) identity tolerance, (d) identity acceptance, (e) identity pride, and (f) identity synthesis. Moving through the stages of gay identity formation can be extremely difficult, depending on social norms, community values, and the individual"s social support system. While identity synthesis appears to be the most psychologically healthy stage of gay identity formation (McDonald, 1982; Schmitt & Kurdek, 1987), many persons never reach this stage. Homophobia, both internal and external, creates significant barriers to successful identity integration.

Homophobia

Homophobia refers to an (often) intense hatred and/or fear of homosexuality (Weinberg, 1972, cited in Fassinger, 1991). It may be internal (self-hatred) or external (hatred of others toward people who are gay or lesbian) and results from social conditioning. Because internalized homophobia is created by an incongruence between the individual's homoerotic thoughts and feelings and his or her behaviors, it may be a primary issue in the identity confusion, identity comparison, and identity tolerance stages of gay identity formation (Shannon & Woods, 1991). External homophobia creates barriers at all stages of identity development.

Disability Implications

During the initial stages of gay identity formation, individuals who are gay or lesbian often experience low self-esteem, feel unloved, have suicidal ideations and gesturing, and may engage in self-destructive behaviors, such as alcohol and drug abuse (Buhrke & Douce, 1991; Dempsey, 1994; Gumaer, 1987; Radkowsky & Siegel, 1997; Ritter & O'Neill, 1989; Rudolph, 1988; Shannon & Woods, 1991; Smith, 1988). A number of researchers have investigated suicidal behaviors among individuals struggling with sexual identity. These researchers have found that persons who are gay, particularly adolescents, are at increased risk for attempting or completing suicide (Coleman & Remafedi, 1989; Kourany, 1987; Remafedi, 1987). Studies of suicide attempts among gay adolescents indicate an incidence rate of 33-50% (Coleman & Remafedi, 1989; Proctor, 1994; Rotherman-Borus, Hunter, & Rosario, 1994). Failed suicide attempts may result in permanent disabilities for which rehabilitation counseling services would be needed.

Internalized homophobia may also contribute to self-destructive sexual behaviors. Individuals who have not accepted a gay identity may be at risk for involvement in unsafe sexual practices with multiple partners (McKirnan, Ostrow, & Hope, 1996). These unsafe practices may place the person at significant risk for infection with the human immunodeficiency virus (HIV) and subsequent acquired immune deficiency syndrome (AIDS). While not a gay disease, HIV and AIDS have been and continue to be disproportionately reflected in the gay community in the United States (deWit, 1996; Martin, 1989). The chronic, debilitating nature of AIDS typically creates significant vocational limitations for which rehabilitation counseling services may be required.

Involvement in substance abuse as a coping mechanism has been linked with the early stages of gay identity formation (Hammersmith, 1987; Herbert, Hunt, & Dell, 1994; Mulry, 1994; Winters, Remafedi, & Chan, 1996; Zehner & Lewis, 1984). Kus (1988) reported that alcoholism is "pandemic" in the gay community and indicated that "it is the internalized homophobia prior to having reached the stage of acceptance in the coming out process which is the root of alcoholism in gay men" (p. 27). Persons who are gay or lesbian may seek rehabilitation counseling services on the basis of substance abuse when such abuse creates significant barriers to employment and other social interaction.

A particularly insidious form of both internal and external homophobia involves physical violence (gay bashing) towards persons assumed or known to be gay or lesbian (Herek, 1989). Bohn (1984) and Hunter (1990) reported that anti-gay violence affects 20-40% of the gay male population. Fassinger (1991) reported that over one-third of gay men and lesbians are survivors of violence related to their sexual orientation. This violence may be perpetrated by heterosexuals. It may also be perpetrated by persons in the identity confusion and comparison stages of homosexual identity formation who are attempting to deny their own homosexuality (Slater, 1993). Violence directed toward persons who are, or who are assumed to be, gay or lesbian can result in physical or mental disabilities for which rehabilitation counseling intervention would be required..

Counseling and Homosexuality

According to Kraus and Stoddard (1991), over 13 million Americans between the ages of 16 and 65 have a disability that is vocationally limiting. No research has examined how many persons with disabilities are gay or lesbian. Given the reported prevalence of persons who are in America, 5-10% of the population (Messing, Schoenberg, & Stephens, 1984), as well as the increased risk factors associated with the early stages of homosexual identity formation, it is likely, however, that most rehabilitation counselors will have clients in their caseloads who are gay or lesbian.

Reluctance to create an environment where sexual orientation issues can be addressed within a rehabilitation framework may stem from a number of sources. First, rehabilitation professionals may experience difficulty accepting the sexuality of persons with disabilities in general (Boyle, 1994; Burling, Tarvydas, & Maki, 1994). Second, rehabilitation professionals' own internal and/or external homophobia may contribute to a fear of creating a gay-friendly atmosphere. This homophobia may be expressed in such ways as (a) viewing homosexuality as a burden or problem, (b) exaggerating the significance of sexual orientation, or (c) ridiculing persons known or assumed to be homosexual (Gumaer, 1987; Messing et al., 1984). Third, rehabilitation professionals who wish to better serve gay clients may feel uncomfortable doing so because they have limited knowledge about homosexuality and, therefore, feel uncomfortable discussing sexual orientation with gay or lesbian clients.

McAllan and Ditillo (1994) and Stuart (1994) provide excellent recommendations for how rehabilitation counselors can enhance the comfort of gay and lesbian persons within the rehabilitation counseling relationship. They assume, however, that rehabilitation professionals will take positive steps on their own to learn about homosexuality. These authors fail to address the responsibility of institutions preparing rehabilitation professionals to appropriately train them to work with gay and lesbian clients.

Pre-service Training

This section presents ways in which lesbian and gay issues can be incorporated into rehabilitation counselor training programs. It is recommended that rehabilitation counselor educators include gay and lesbian issues in existing coursework. For example, in traditional counseling theories courses, counselor educators should point out the inherent bias toward heterosexuality in many counseling theories, such as psychoanaltyic theory (Buhrke & Douce, 1991). This could serve as a springboard for discussing how developmental theories that assume adult opposite-sex relationships are not relevant to individuals who are gay or lesbian. This would probably be an appropriate time to discuss how counselors can promote the development of a positive gay or lesbian identity and allow students to express their views about working with clients who are gay or lesbian. This would also be an appropriate time to introduce models of gay identity formation and the tasks necessary for the development of a positive gay identity.

Introductory courses to rehabilitation counseling typically cover an array of topics ranging from the legislative history of public rehabilitation to current trends when working with diverse populations. Including gay and lesbian persons as a special population could be integrated into the course curriculum. Inviting a panel of individuals who are gay or lesbian to speak to classes has proven to be an effective way of providing students with information about individuals who are gay or lesbian (McCord & Herzog, 1991).

Another activity that might be included would be to have the students anonymously write their beliefs about people who are gays or lesbian on 3" by 5" index cards. The cards would then be given to the instructor, shuffled, and written on a blackboard. The students could be asked to classify these beliefs into specific categories (e.g., behaviors, personality traits, etc.). A comparable activity that could be used to explore beliefs and stereotypes about gays/lesbians would be to break the larger class into small groups of three to five students. Each small group would select one person to present him or herself as gay or lesbian to the large group according to the small group's stereotypes. Both of these activities would be followed by a large group discussion about where the identified beliefs and stereotypes derived and the validity of those beliefs and stereotypes.

Bringing in an expert guest lecturer who could discuss those factors that might bring individuals who are gay or lesbian to the attention of rehabilitation professionals would also be beneficial. Of primary importance is providing students with factual information about homosexuality and allowing them to gain exposure to gay and lesbian persons who have achieved a positive identity. Case studies and/or lectures by persons who have disabilities and who are also homosexual would reiterate the existence of such persons in rehabilitation programs.

Issues of sexual orientation and career development could also be incorporated into career development courses. Hetherington, Hillerbrand, and Etringer (1989) reported four primary issues related to career development and gay men: (a) negative stereotypes associated with particular careers, (b) employment discrimination, (c) minority group status, and (d) limited role models restricting awareness of occupational opportunities. A discussion of these issues would allow students to examine their own stereotypes of career choices and how these stereotypes might bias their work with clients who are gay or lesbian. A discussion of the lack of federal legislation to protect individuals who are gay or lesbian from employment discrimination would be helpful for demonstrating to students how civil rights protection does not apply when sexual orientation is an employment issue.

Medical aspects of disabilities courses can serve as an avenue for discussing the stigma of HIV and AIDS and their historical association with homosexuality. This course can also provide an arena for discussing physical violence (gay bashing) as a precursor to disability. Factual information about the prevalence of gay bashing and its physical and emotional ramifications could be presented within a medical aspects framework.

Role plays involving gay and lesbian clients should be included in the microskills training associated with prepracticum courses (Buhrke, 1989). It is important for the counselor in training to learn to determine the importance of sexual orientation as an issue in counseling and disability. For some clients, facing the double oppression of being both gay or lesbian and a person with a disability means that disability issues cannot be addressed without consideration of positive gay identity development. For other clients, sexual orientation may not be an issue. The counselor in training should not assume that a client who is gay or lesbian will want sexual orientation addressed within the rehabilitation counseling relationship. Rehabilitation counselors in training, however, need to learn to become comfortable addressing sexual orientation issues within the context of overall psychological and vocational adjustment.

Practica and internship courses typically provide students with supervised opportunities to provide direct services to a variety of clients in diverse setting. The role of the rehabilitation counselor educator providing supervision for students having gay or lesbian clients is to monitor the student's cases to watch for heterosexual bias, homophobia, or both (Buhrke, 1989). If negative attitudes are found, then the educator-supervisor should be prepared to discuss with the student any ethical implications of these attitudes, their potential impact on the rehabilitation counseling relationship, and resources where the student may gain greater awareness of self and concerns when counseling gay clients.

Summary

Persons who have disabilities and who are also gay or lesbian are oppressed in multiple ways because of the discrimination and lack of understanding they may find in the larger society. The results of internal and external homophobia, particularly during the early stages of gay identity formation, may increase the likelihood that persons who are gay or lesbian will come to the attention of rehabilitation professionals. Rehabilitation professionals who are unfamiliar and/or uncomfortable with homosexuality may misserve clients who are also struggling with issues of sexual orientation. Such professionals may be reluctant to make appropriate referrals and may be unwilling to explore the possible impacts of both disability and sexual orientation on the individual's life. Rehabilitation professionals and the organizations for which they work have a responsibility to be knowledgeable about the populations to whom they provide services. The limited training of rehabilitation counselors to work with persons who are gay or lesbian may create significant barriers to successful rehabilitation. Integrating gay and lesbian issues into rehabilitation counselor education programs may facilitate greater awareness among counselors in training of disability issues related to sexual orientation.

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A Review of Admission Procedures of Counselor Education Programs

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This article focuses on the history of admission policies and procedures and academic vs. non-academic criteria as predictor variables of counselor education programs during the past four decades.

Effectively selecting prospective counseling candidates is one of the most challenging issues in the counseling profession. This process not only determines who enters the profession but also the quality of care future clients are afforded. The selection of candidates for counselor education has been the focus of much research and discussion over the last four decades (Bradey & Post, 1991; Gimmestad & Goldsmith, 1973; Hollis, 1997; Keppers, 1960; Markert & Monke, 1990; Purdy, Reinehr, & Swartz, 1989; Wellman, 1955). Counselor educators have long searched for a way to determine criteria and procedures that would identify those students who possess the necessary characteristics to become effective counselors (Redfering & Biasco, 1976; Wellman, 1955). Several researchers have examined the status of admission policies and procedures in master's level counselor education programs (Bradey & Post, 1991; Gimmestad & Goldsmith, 1973; Keppers, 1960; Markert & Monke, 1990; Purdy, et al., 1989; Wellman, 1955).

A significant trend identified by Hollis (1997) is the increasing assumption of control of counselor education by well-established accrediting, licensing, and certification boards. This trend would suggest that as a profession we must examine our past and move toward informed choices or recommendations for setting guidelines for admission into the counseling professions. This article focuses on the history of admission policies and procedures, academic criteria as predictor variables, and non-academic criteria as predictor variables.

History of Admissions Policies and Procedures

In 1955, Wellman surveyed the admissions requirements of one hundred and twenty-six programs for preparation of college personnel workers. He reported

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that the undergraduate academic records of students were used as the criterion of academic aptitude by two thirds of the institutions. Tests such as the Miller Analogies Test (MAT), the Graduate Record Examination (GRE), and Cooperative English Tests were used by most institutions. Personal interviews were used by 40% of the institutions to determine interest and personal adjustment in the field. Teaching or related work experience was generally thought to be desirable and was frequently required. A strong emphasis was placed on the academic ability of the student prior to admission to the college personnel programs; however, academic ability did not distinguish potential candidates in the student personnel work curriculum.

During 1960, Keppers studied the selection of graduate students in counselor preparation programs of 181 colleges and found that the five most commonly used criteria for screening included undergraduate scholastic record, GRE and or MAT score, personal interview, grade point average, and written recommendation. Twelve percent of the programs used a personality inventory in their selection process; however, the focus continued to be on prior academic performance and personal interview. Written recommendations were an additional criterion used by 62% of the institutions. The author concluded that most institutions had a plan for selecting counseling students but that the techniques used for screening varied widely.

Gimmestad and Goldsmith (1973) examined 100 counselor education programs regarding their admission policies. Grade point average (GPA) and GRE or MAT scores dominated the scene as initial screening criteria and were used by over 75% of the programs. Almost every program required a letter of recommendation, and 33% of the programs required a personal interview. These last two criteria became more evident than in previous studies. An acceptable undergraduate major included not only psychology and education, but sociology and behavioral science as well.

Purdy et al. (1989) studied over 100 psychology programs to assess the relative importance of various admissions criteria. Their study showed that overall GPA and letters of recommendation were considered very important by over 65% of the programs while GRE scores were moderately important. This outcome was consistent with Gimmestad and Goldsmith (1973) and Keppers' (1960) research. Additional listed requirements were previous clinical experience and course work including statistics and experimental methods.

Markert and Monke's (1990) evaluation of 61 counselor education programs found that GPA, GRE score, and MAT score were emphasized in most programs. About 50% required letters of recommendation and one-third required personal interviews. Over 40% of the programs required a personal and professional goal statement as part of their admissions criteria, and some required specific coursework in related areas. Also, it was reported that most institutions showed an increase in the cut-off scores for the GPA, the GRE, and the MAT.

Bradey and Post (1991) investigated 309 counselor education programs and the most commonly used admission criteria were GPA, GRE score, or MAT score, letter of recommendation, and personal interview. Additional admissions criteria included an autobiography, statement of career goal, and work experience. Academic background and letters of recommendation continued to be emphasized in conjunction with the interview screening process. Again, these researchers were unable to conclude that these criteria could predict counselor competency.

In view of the above studies, most counselor education programs surveyed had a plan for selecting graduate counseling candidates (Bradey & Post, 1991; Gimmestad & Goldsmith, 1973; Keppers, 1960; Markert & Monke, 1990; Purdy, et al., 1989; Wellman, 1955). For the initial screening process, a strong emphasis was placed on academic criteria such as GPA and the GRE or the MAT scores (Bradey & Post, 1991; Gimmestad & Goldsmith, 1973; Markert & Monke, 1990). Interviews have been used consistently as an admission criterion for the past forty years (Bradey & Post, 1991; Markert & Monke, 1990). Criteria such as an undergraduate major in education or psychology and teaching experience seemed to be important in the fifties (Wellman, 1955), but were considered less important in the nineties (Bradey & Post, 1991; Markert & Monke, 1990). Letters of recommendation were required and have come to be considered important (Bradey & Post 1991; Gimmestad & Goldsmith, 1973; Markert & Monke, 1990; Purdy et al., 1989). There has been a gradual inclusion of nonacademic criteria such as personal goal statements and work experience (Bradey & Post, 1991; Gimmestad & Goldsmith, 1973; Markert & Monke, 1990).

Academic Criteria as Predictor Variables

Bradey and Post (1991) and Ingrain and Zurawski (1981) recognized that almost every program used undergraduate grade point average (UGPA) as a criterion for screening applicants. Omizo and Michael (1979) examined the predictive validity of UGPA in a counselor education program and found it was significantly correlated with grades in education foundation courses, masters level comprehensive examination, and graduate grade point average. In a similar study (Young, 1986), UGPA was found to be a predictor of the final GPA and professional leadership potential. On the other hand, the research done by Littlepage, Bragg, and Rust (1978) suggested that correlations with UGPA and graduate school performance and professional performance were relatively small. Overall, UGPA appeared to be a good predictor of academic success, but its relationship with professional success remained unclear.

Another widely recognized and heavily weighted admission criteria has been the GRE score (Ingrain, 1983). Ingrain and Zurawski's (1981) study reported that the GRE verbal (GRE-V) score was a reliable predictor of the final ratings of the departmental admissions committee. Camp and Clawson (1979), Hosford, Johnson, and Atkinson (1984) and Littlepage et al. (1978) found that the GRE-V score showed a positive correlation to overall academic success and the correlation was higher than any other predictors. However, the GRE-quantitative (GRE-Q) was only correlated significantly with graduate GPA (Littlepage, et al., 1978). In a related study, Young's (1986) research results indicated that both the GRE-V and the GRE-Q were predictors of final grade point average. Also the GRE-Q scores correlated significantly with the ratings of professional leadership potential. Omizo and Michael's (1979) study revealed that the GRE-V score significantly correlated with both the master's comprehensive examination scores and graduate grade point average (GGPA). The GRE-Q score was a significant predictor of *performance in foundation courses. Hosford et al. (1984) and* Wittmer and Lister (1971) found no correlation between GRE and counseling effectiveness. While the GRE score may predict academic success, it appears to provide little assistance in identifying those who will develop effective counseling skills as judged by practicum supervisors.

The Miller Analogies Test (MAT) was another commonly used academic criterion for admission to the graduate school (Gimmestad & Goldsmith, 1973; Keppers, 1960; Markert & Monke, 1990) and for admission to counselor education programs (Market & Monke 1990). Littlepage et al. (1978) attempted to determine relationships between the MAT, academic performance, and professional performance. The MAT was found to have significant correlation to graduate GPA and the percentile of the comprehensive examination. In addition, it was also significantly related to the ratings of employers regarding job performance, advancement potential, and overall job success. In a related study by Hosford et al., (1984), the MAT also was found to have statistically significant relationship with faculty rankings of academic success. However, in terms of professional counseling skills it did not appear to be a significant predictor. The MAT appeared to be a good predictor of academic success, inconsistent in its relationship with professional success and a poor predictor of counseling effectiveness as measured by faculty rankings.

Based on this review of the literature, it can be concluded that UGPA was a good predictor of graduate academic success (Littlepage, et al., 1978; Omizo & Michael 1979; Young, 1986); however, its ability to predict graduate performance may be influenced by diverse undergraduate majors (Hosford et al., 1984; Young, 1986). In other words, it appears that UGPA could be a good predictor of academic success if the undergraduate discipline was the same as the graduate one. Furthermore, UGPA's predictive value was not consistent regarding professional success (Littlepage et al., 1978; Young, 1986) and UGPA was not a good predictor of faculty assessed counseling effectiveness (Hosford et al., 1984). In like manner, it appeared that GRE-V provided strong predictive validity to academic success but GRE-Q was not a consistent predictor of academic or professional success (Camp & Clawson, 1979; Omizo & Michael, 1979; Young, 1986). Both GRE-V and GRE-Q provided no evidence of predicting counseling effectiveness as judged by practicum instructors (Wittmer, & Lister, 1971). Finally, the MAT was a good predictor of academic success but there was no evidence to support its relationship with professional success and counseling effectiveness (Hosford et al., 1984; Littlepage et al., 1978).

Non-academic Criteria as Predictive Variables

Biaggio, Gasparikova-Krasnee, & Bauer (1983) and Bradey and Post (1991) surveyed the selection procedures of graduate programs and found that more than half of the programs used an interview as a selection procedure. Ram, Oren, and Childrey (1987) examined the use of personal interview, a cutoff based on the GRE score, and GPA in the selection process but the results indicated that using interviews instead of cutoff scores would have resulted in no difference in selection of applicants. An important implication of this study was that interviews were as effective as other academic criteria in the selection process. Another study by Nevid and Gildea (1983) also provided empirical support that personal interviews were able to discriminate students' clinical ability beyond information gathered by academic measures. On the other hand, Rickard and Clements (1986) conducted a study to compare interviewed and non-interviewed students in terms of their clinical ability and no significant difference was found. In related studies, Broadhurst (1974, 1976) examined the reliability of the interview procedure and suggested that selection by interviewing was still a doubtful or only moderately reliable procedure and the validity of interviews need further research (Broadhurst, 1976).

In the survey by Boxley, Drew, and Rangel (1986), a letter of recommendation was ranked as the most important determinant in selecting applicants. In a related study, Ingrain and Zurawski (1981) showed that after the initial screening, a letter of recommendation accounted for most of the variance in the final ratings of the applicants' suitability. Furthermore, Young (1986) studied the correlations between admissions data and the final grade point average and found that a letter of recommendation was a good predictors of final GPA. Young (1986) stated that a recommendation may describe the applicant's undergraduate performance and may indicate their commitment to the field, and their devotion to academic studies.

Similarly, Markert and Monke (1990) reported that 40% of the counselor education programs required a personal statement with regards to the applicant's motivations for entering the program. A personal statement also was ranked as an important determinant in selecting applicants (Boxley, et al., 1986). Young (1986) studied the correlations between admissions data and the final GPA and found that a personal statement was a good predictor of final GPA. Nevertheless, Ingrain and Zurawski (1981) examined the impact of each admissions criterion on the admission committee's final rating and showed that an applicants' personal statement had no noticeable impact on committee ratings.

Based on the studies above, there was little consistency on the impact of an interview as an admission criterion. Some indicated the interview's effectiveness and its ability to identify clinical potential while others questioned its validity and reliability (Broadhurst, 1974, 1976; Nevid & Gildea, 1983; Ram, et al., 1987). On the contrary, letters of recommendation appeared to have strong influence on subsequent screening after the candidates met academic criteria standards (Ingrain & Zurawski, 1981). Both letters of a recommendation and a personal goal statement appeared to be a predictor of graduate GPA (Young, 1986). Few studies have been completed that investigate interviews, letters of recommendation, and personal goal statements in relationship with academic success and counseling effectiveness.

Conclusion

From the above studies on admission policies, it can be concluded that there have not been significant changes since the fifties (Wellman, 1955; Markert & Monke, 1990). There has been a continued emphasis on academic criteria and non-academic criteria has been added gradually across the last 40 years (Markert & Monke, 1990). UGPA, GRE-V score, and MAT score appear to be good predictors of academic success. However, the interview, letter of recommendation, and a personal statement have weak correlations with academic success. More research is needed to find the relationship between non-academic criteria and academic success. Questions remain unanswered as to whether academic or non-academic admission criteria predict counseling effectiveness (Bradey & Post, 1991; Markert & Monke, 1990; Wellman, 1955). The difficulty of measuring counseling effectiveness only complicates the above questions.

Even in the fifties, Wellness (1955) commented that academic ability did not necessarily identify potentially successful counseling students. In the nineties Market and Monke (1990) expressed a similar concern about the need to establish admissions criteria that effectively screen the best candidates for counseling programs. Markert and Monke (1990) indicated that counselor education programs were relying on admissions criteria that limited capability of predicting academic success or counseling performance.

Hollis (1997) reported that we still function with a wide range of admission standards among programs. He further stated such standards should not be thought of as something we apply only at the beginning of programs. In fact, the trend is toward continued and increased evaluation of the post-masters degree counselor. Self examination of admission standards and of ourselves as a profession is difficult and sometimes painful. Not to do so is to invite external calls for accountability and threaten our autonomy as a profession.

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The Impact of Developmental Theory on Individual Counseling

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One component of the school counselor's role that is consistently recognized in the literature is individual counseling. In the implementation of developmental school counseling programs, the question then arises of how to use what we know from developmental theory in individual interventions. There are, in fact, several implications. Although the importance of the relationship is central regardless of age or stage, the choice of specific approach or strategy will vary based on developmental level. This chapter (from Developmental School Counseling Programs: From Theory to Practice) reviews relationship building, outlines examples of the questions and issues to consider in developmental assessment, and suggests a variety of potential strategies.

Relationship Building

Regardless of theoretical approach, the *relationship* between counselor and child or adolescent is central to the helping process. The work of Rogers (1942) and Carkhuff (1972) provided information and insight on exactly how significant the relationship is. The characteristics of a true helping relationship, and the corresponding stages of helping identified in client-centered approaches, continue to be important for counselors to keep in mind as they make connections with young people. Gordon's (1972) work in effective communication also provides helpful information concerning some of the roadblocks to avoid in building healthy relationships.

Characteristics of a Helping Relationship

In facilitating the development of the relationship, the qualities of *respect, empathy,* and *unconditional positive regard* have been identified as necessary components. For children and adolescents, these are as important as they are with adults. Often children are viewed as somehow "less than real people" rather than truly appreciated for their own uniqueness. When adults can convey their acceptance in a genuine way, they have given children and adolescents a special gift. This *genuineness* is critical in building a positive relationship, and it is important to remember that young people have very sensitive "radar" in recognizing phoniness. Unfortunately, there are too many individuals working with children who are not able to truly enjoy or respect them. This makes those who are really "there" for young people particularly special. For counselors and other adults working with children and adolescents, the importance of the time spent in building relationships, really getting to know the individual, and understanding the world from their perspective should never be minimized.

In moving the helping relationship toward action orientations, the components of *concreteness, confrontation,* and *immediacy* become important. Young people need adults in their lives who can lovingly challenge them concerning their thoughts, feelings, and behaviors. They sometimes (as do adults) need to be confronted with discrepancies between their words and their deeds. This confrontation needs to be done in concrete and specific terms, not vague generalities. This specificity is another critical component in being helpful. To say, "I don't like what you did" is not particularly helpful. To be able to point to a particular action and to offer alternative behaviors is much more appropriate.

Stages of a Helping Relationship

Relationship building does not spontaneously occur. Instead, it takes patience and work. Particularly in counseling with young people the temptation exists to provide "the quick fix," to tell a child what to do to make life better. We need to remind ourselves to slow down and use the stages of helping. First, allow individuals to explore the problem thoroughly. Give students time to say what they need to say. Through the use of reflection and feedback, clarify the central concern. Make sure the child or adolescent agrees with you about what that concern is. Only then does movement toward action make sense. Brainstorming alternatives, considering consequences, and committing got a plan of action are possible only after you are sure you know what the problem is. Although you do not need for a child to give you a great deal of tangential information, you also do not need to rush headlong toward action either. Allow yourself the time to build the relationship and understand the world (and the problem) from the young person's perspective.

Roadblocks to Effective Communication

In building any type of relationship, effective communication is necessary. Our responses to others can open the door to continuing interaction or slam it shut. Gordon's (1974) work gives us helpful information concerning obstacles to effective communication. He identified responses that can dismiss feelings, show a lack of confidence in students' abilities to solve their own problems, impose guilt, ridicule, or in some other way minimize and belittle the student as a unique person. These roadblocks to be avoided are outlined in Table I. More appropriate methods of responding involve passive and active listening, acknowledgements, and invitations to continue to talk. These strategies are particularly important in the initial stages of helping (exploring and clarifying).

Avoiding these roadblocks and practicing principles of effective communication can enhance relationships. Counselors can become more effective in making connections to the young person's world and empowering the child or adolescent. An individual is much more likely to share his or her world with someone who has really listened and who has valued the experiences, feelings, and perspective presented.

TABLE 1
Roadblocks to Effective Communication

1. Ordering, commanding, directing
2. Warning, threatening
3. Moralizing, preaching, giving "shoulds" and "oughts"
4. Advising, offering solutions or suggestions
5. Teaching, lecturing, giving logical arguments
6. Judging, criticizing, disagreeing, blaming
7. Name-calling, stereotyping, labeling
8. Interpreting, analyzing, diagnosing
9. Praising, agreeing, giving positive evaluations
10. Reassuring, sympathizing, consoling, supporting
11. Questioning, probing, interrogating, cross-examining
12. Withdrawing, distracting, being sarcastic, humoring, diverting

Note. Adapted from T.E.T.: *Teacher Effectiveness Training* by T. Gordon, 1974, New York: Dave McKay. Copyright 1974 by David McKay.

Assessment

As counselors gather information about exactly what the situation is, assessment concerning developmental level is equally important. Using developmental theory as a backdrop, there are numerous questions to be asked. Cognitively, is this student capable of abstract thought? Ethically, what motivates this student's behavior? Interpersonally, is the student able to take another's perspective or understand a problem or situation from another person's point of view? Conceptually, how much structure does this student need within the counseling process? Which of Erikson's (1963) crises is the student most clearly attempting to resolve? Which of Havighurst's (1972) tasks is the student attempting to master? Answering these questions can have significant implications for how a counselor might proceed in individual counseling.

Cognitively, if the student has not yet progressed to abstract thoughts, then a number of counseling interventions that require generalization or the ability to make future prediction based on present circumstances would be inappropriate. The student would be dealing with situations too concretely in the "here and now" to be able to benefit from those interventions.

Understanding where a student is cognitively can also be helpful in recognizing what is appropriate at particular ages and stages. A 6-year-old at the intuitive or preoperation stage of cognitive development with an imaginary friend is quite normal; a 14-year-old carrying on the same relationship would suggest a need for intervention. Concrete thinkers stubbornly holding onto a problem-solving strategy or perception based on "the most facts" is probably to be expected. Even with the movement to formal operations, the adolescents' egocentrism needs to be taken into account in the counseling process. In an adult, the preoccupation with one's own uniqueness and the corresponding obsession with being the focus of everyone's attention might be diagnosed as narcissism or paranoia, whereas in an adolescent these are actually quite normal. The certainty that their own experiences are unique to the human process is referred to as the *personal fable*, and the notion that everyone's attention is focused on them as the *imaginary audience*. Most individuals who have survived adolescence can relate to both sets of feelings.

Ethically, if the student's behavior is motivated by a desire to please others, then counselors must be particularly sensitive to tendencies to agree to observations or plans of action simply to please the adult. Although this desire to please may help in motivating more appropriate or effective ways of behaving, the counselor needs to be aware of what is occurring, rather than confuse it with an internal motivation. This tendency can be frustrating within the counseling process when students say what we want to hear concerning a plan of action and then never follow through. Knowing that they are trying to please us does not make the problem go away, but does give us insight into why this behavior is occurring and grounds for challenging the student.

Interpersonally, the ability to take another's point of view also has significance in individual counseling. Many problems that are presented by young people involve relationship issues. Attempting to deal with those if the child is incapable of understanding another person's point of view (or that the other person even has a point of view that is different from his or her own) can be challenging. We sometimes assume that children have this capacity and proceed with counseling as if they do. If they are interested in pleasing us, they will say what we want to hear, nod and smile at appropriate moments, perhaps without a clue about what we are suggesting. Sometimes a strategy as simple as adapting a role play may provide the necessary insight. For some children, requiring them to physically change places can assist them in trying to "be" another person. For students capable of abstract thought, this physical exchange might not be necessary. Instead, they would be able to make that generalization or observation on their own and draw their own conclusions. Providing young people with opportunities to hear others' perspectives and views can be a valuable way of promoting development within the interpersonal domain.

As an additional example, consider the student at a lower level of conceptual development as identified by Hunt (1978). That student would need much more structure within the counseling process. The counselor would be well served to be very specific with the student concerning the goals and process for counseling. Homework assignments and guided practice for interactions would be particularly helpful. Careful monitoring and follow-up would also be desirable. With a student at a higher level of conceptual development, there would be more of a need for independence, more tolerance for ambiguity, and less need for highly structured counseling experiences. The counselor would not need to be as concrete in presentation or provide as much practice for the student in carrying out action plans. In fact, the student might be resistant to such detail.

Finally, identifying the specific crisis or task that the student is attempting to resolve can also be helpful. The adults in children's lives can assist by providing the necessary experiences to promote growth. Provision of appropriate adult role models, activities to learn new skills, or opportunities for new responsibilities could all be appropriate interventions, depending on the particular crisis or task. Sometimes interventions to promote trust and encourage autonomy will also be necessary based on the lack of positive resolution of these crises during early childhood.

Strategies

Other than the particular nature of the problem, the age and stage of the student with whom a counselor is working will most clearly influence the strategies selected for use in interventions. Approaches that might be appropriate in working with an adult simply are not helpful in reaching a 5-year-old child. As indicated in the previous section, an adolescent capable of abstract thought would be dealt with very differently from a young person who was reasoning very concretely. Reliance on a single approach or set of strategies would severely limit what a counselor could offer to the wide range of developmental levels represented by students in kindergarten through 12th grade. This section attempts to remind the reader, through examples, of the variety of specific strategies available.

Play Media and Expressive Arts

Very often children do not have the experience or vocabulary to conceptualize or express their concerns and issues verbally. Instead, they are much better at working through their issues through the use of play media and expressive arts. Play is their work, and the selected medium becomes their language. Even with older adolescents, sometimes expressive arts provide the method of accessing issues and experiences that cognitive approaches cannot reach. Adolescents may have learned to defend themselves cognitively from painful events that they wish to forget. The "blockage" may reflect an earlier stage of development in which some crisis was not resolved.

The types of media that can be creatively used in counseling are limited only the by the imagination. Paints, crayons, toys, clay, sand, and water can be used by children and adolescents to create scenes, events, and individuals. Music, drama, and journal writing can provide outlets for self-expression. The use of quality children's literature can provoke thought and discussion, offer opportunities to see others' perspectives, and, in general, promote development.

Various theoretical perspectives provide frameworks for conducting counseling sessions using play media. Resources are available from child-centered (Axline, 1947, 1964; Landreth, 1991), Gestalt (Oaklander, 1977), Adlerian (Kottman & Warlick, 1989), and Jungian (Allen, 1988) approaches. The approaches vary in the amount of external structure given to the student and in the amount of interpretation given within the process. All share the recognition of the developmental appropriateness of play as a counseling intervention with many children and some adolescents.

Gestalt Approaches

In addition to those strategies associated with the use of expressive arts, Gestalt therapy offers several interventions that are helpful in working with students at various developmental stages. Three particular examples of these strategies are *topdog/underdog, empty chair,* and *fantasy games.*

Topdog is the "you should" voice in our lives; underdog, the "I want." Using two chairs and moving back forth, the student can conduct his or her own debate. This activity should be adapted for older adolescents by allowing them to make "should" and "want" lists. After the student has exhausted all arguments on either side, the counselor can process the activity. With hope, the process will allow the student to integrate the shoulds and wants to make an effective choice. This activity helps children and adolescents begin to see the bipolarities in everyday life.

The empty chair strategy is perhaps one of the most widely used specific strategies from Gestalt therapy. This technique can be used to resolve conflict or to handle unresolved anger, fear, or frustration. The child or adolescent would sit in one chair and say to the empty chair whatever he or she needed or wanted to say. Moving to the other chair, the student would project a response. This strategy can allow the student to process and explore issues that can give the counselor insight into the individual's perspective. Sometimes young children can participate in this activity more fully if a hypothetical person is introduced with similar concerns (Thompson & Poppen, 1992 as cited in Thompson & Rudolph, 1992). Similar to the advantages of using puppets in play, children can sometimes explore the problems of an imaginary person better than they can examine their own issues.

Many fantasy games provide opportunities to explore feelings and have fun within the counseling process. With children, pretending to be an animal or special toy allows them to act out stories and describe feelings. More in-depth fantasies such as the rosebush or the wise person usually work well with all but the truly cynical or concrete. With concrete thinkers who believe fantasy is silly, sometimes it is enough to say, "I know you think this is strange, but just try it anyway." For some individuals, this "gives them permission" to be more childlike because you are making them do it. (For some, these approaches will never work. Cognitive strategies will provide better results. Watch for assumptions, however. Often the most resistant individuals may actually need these approaches to access feelings.)

Systematic Problem Solving

With concrete thinkers, or with students needing structure as part of the counseling process, systematic problem solving offers a workable approach. A number of models are available, most of which involve a step-by-step process for working through difficult situations. This process requires the student and counselor to identify the problem clearly and to project the desired outcome; to consider any strategies that have already been tried; to brainstorm alternative strategies; to review possible consequences; to make a plan of action; and to follow up as a way of monitoring outcomes. (This approach can also be helpful with abstract thinkers who have trouble committing to action in the face of all the possibilities they can see.)

Behavioral Contracts

When change in a particular behavior is the desired outcome, contracts can be a very helpful strategy. There are many similarities between the initial steps in contingency contracting and systematic problem solving. Both require clear identification of the problem, the desired outcome, and the various possible methods of solving the problem. However, with a contingency contract, additional emphases are placed on gathering baseline data and determining the consequences, either positive or negative reinforcement, which will be used if the contract is not fulfilled. Such contracts are particularly helpful for students needing a great deal of structure and for those whose ethical reasoning is motivated by physical consequences. (Sometimes, in considering the levels of ethical reasoning, we think of physical consequences in controversial forms such as paddling. Physical consequences, however, can also include time-out areas, reward systems, or restrictions of desired privileges.) The clarity and specificity of contracts are very helpful to many students in earlier stages of development.

For students at higher levels of development, some forms of behavioral contracts are still appropriate. However, a significant difference would be in the level of involvement of the counselor. With these students, the focus would be on self-management. Whereas with a younger student, the counselor would collect the baseline data, formulate the structure (with student agreement), and monitor the outcomes, students at higher stages of development would have those responsibilities themselves. These self-management approaches can provide a helpful bridge between childhood and adulthood as adolescents begin to strive for independence and attempt to determine their own identities.

Cognitive-Behavioral Approaches

Cognitive-behavioral strategies also provide useful transitions that combine a focus on specific behaviors with thought-restructuring methods. These approaches attempt to produce both behavior and feeling change. Positive (or more rational) self-talk is encouraged to accompany changes in particular behaviors. Homework assignments and identification of irrational thoughts are key components to models based on cognitive-behavioral therapy.

In working with young children using these approaches, some adaptations would need to be considered. As with any approach, the vocabulary would have to be adjusted. Although Ellis (1962) spoke of rational and irrational thoughts, Anderson (1987), in her third-grade curriculum, talked about "sparkle and mud minds" to which children can relate. Adolescents at higher stages of development will be able to talk through some of these ideas and issues. Younger children may need the concrete experience of writing down examples of negative self-talk and methods of challenging those notions. Many specific strategies would need to be adjusted also. Although relaxation training, deep-breathing activities, and reframing exercises might be appropriate at some ages and stages, the explanation and content would need to be adapted.

Several examples are available in the literature of adaptations of rational self-analysis to fit the developmental level of the child. Some suggest levels of treatment along a developmental continuum. Thompson and Rudolph (1992) cited a model developed by Winnett, Bornstein, Cogswell, and Paris (1987) for the treatment of depression in children, which

> consists of four levels of treatment: (1) behavioral procedures, such as contingent reinforcement, shaping, prompting, and modeling, to increase social interaction; (2) CBT [cognitive-behavioral therapy] interventions, which include pairing successful task completion with positive self-statements; (3) cognitive interventions, which are used with social skills training, role-playing, and self-management; and (4) self-control procedures, such as self-evaluation and self-reinforcement. (p. 143)

This model directly responds to the need for structure at lower levels of development and the corresponding movement toward increasing independence at higher stages.

Summary

Developmental theory has several implications for individual counseling. Informally assessing levels of development in various domains can provide valuable information for the counselor in selecting an appropriate strategy or approach. Using knowledge concerning where the child or adolescent is developmentally, counselors can adapt strategies from the wealth of counseling interventions.

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Traditionally,
counselor education has relied on
"Germ Theory:"

Students and supervisees were
essentially expected to "catch" skills
through exposure.
**Unless practice is accompanied by
the systematic feedback and reflection that supervision provides,**
supervisees can be assured of gaining
no more than the illusion that they
are developing professional expertise.

In fact, the skills and work habits
they develop will likely be different
from and even contrary to usual
standards of practice.

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You are only young once . . .
but it is possible to be
***Immature** forever!*

SECHREST, 1995

By the same analogy . . .
You're only inexperienced once,
but it is possible to be
***incompetent** forever!*

BERNARD & GOODYEAR, 1998

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